

27390

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 23 1956

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>171</u>			
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Carthage</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1222 Jersey</b> <span style="float: right;">04930</span>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Barbara</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Stocker</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 27, 1907</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		9. AGE (In years last birthday) <b>48</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pensacola, Fla.</b>			
13a. FATHER'S NAME <b>Thomas P. Walsh</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Hoyt V. Stocker, Sr.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>486-24-5098</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hoyt V. Stocker, Sr.</b> ADDRESS <b>Carthage, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of the brain, skull, liver</b>				ANTECEDENT CAUSES				1 month	
DUE TO (b) <b>carcinoma of breast</b>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6 months	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8/10</u> <sup>1956</sup> , to <u>8/14</u> , 1956, that I last saw the deceased alive on <u>8/14</u> , 1956 and that death occurred at <u>10:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Charles F. Schell</b>				23b. ADDRESS (Degree or title) <b>M.D. Carthage, Missouri</b>		23c. DATE SIGNED <b>8/16/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/18/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-17-56</b>		REGISTRAR'S SIGNATURE <b>Ch. Clinton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>		ADDRESS <b>Carthage, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
Jasper County Health Office  
County of Jasper 56-8-679  
Date Filed AUG 22 1956

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William A. Fuller*.....

Licensed Embalmer No. *46*.....

P. O. Address *Carthage*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.