No. 300
10.48

FILED FEB 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4005

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5225 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN: Pleasant Hill (rural Pleasant Hill Twp.)
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: R.F.D. #3 Pleasant Hill Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 3088 0
Was Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 120 S. Cypress

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) LIVINGSTON c. (Last) STOKES, Sr.
4. DATE OF DEATH (Month) (Day) (Year): Feb. - 15, 1957
5. SEX: M.
6. COLOR OR RACE: W. 0
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: JUNE - 1890 DAY UNKNOWN
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (City and State or Foreign Country): Jefferson City, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Marion Stokes
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Leona Stokes, deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-01-2774
17. INFORMANT'S SIGNATURE OR NAME: W. E. Stokes ADDRESS: 1407 E. 45th Kansas City, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Progressive Aortic Stenosis — 5 yrs.
DUE TO (c) Arteriosclerotic Heart disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypethyroidism — 7 yr

19a. DATE OF OPERATION: NA
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Feb, 1957, *to* 15 Feb, 1957, *that I last saw the deceased alive on* 15 Feb, 1956, *and that death occurred at* 3:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A W Eklund (Degree or title) MD
23b. ADDRESS: Pleasant Hill, Mo.
23c. DATE SIGNED: 2-16-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/18/57
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG: Feb 19, 1957
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Brownfield-Stanley ADDRESS: Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

-57
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RECEIVED
FEB 25 1957
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond D Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant H

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.