

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

23500
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt Pleasant Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Hospital		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) Butler Mo Rt2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle Calvin Last Stokes			4. DATE OF DEATH Month June Day 19 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 2 1889	9. AGE (In years (at birthday)) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Sanborn Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME S C Stokes		13b. MOTHER'S MAIDEN NAME Ada Whitcomb		14. NAME OF HUSBAND OR WIFE Dorothy Stokes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Calvin Stokes, K C Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus DUE TO (b) Bilateral nephros- DUE TO (c) nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 260X					INTERVAL BETWEEN ONSET AND DEATH 10 yrs 3 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Memory Home		20f. CITY, TOWN, OR LOCATION Butler Missouri	
21. I attended the deceased from Death occurred at 8:45 PM		to June 17 1957 and last saw him alive on June 19, 1957 in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carter W. Luster M.D.		22b. ADDRESS Butler Missouri		22c. DATE SIGNED 6/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/22/57	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR Culver Underwood Service		25. DATE RECD. BY LOCAL REG. June 22-57		26. REGISTRAR'S SIGNATURE Kendall Kersey	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

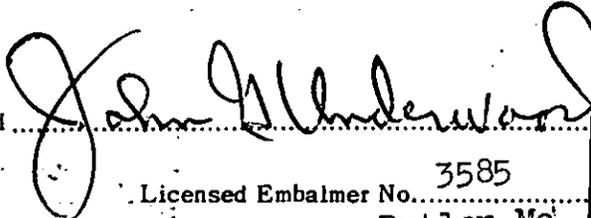
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....
Licensed Embalmer No. 3585
P. O. Address Butler Mo.

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.