Health, & Welfare Public Service

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FILED JUL 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27282
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Washington — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada State Hosp#3 — Length of stay in 1b: 9-5-11

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes No X
d. STREET ADDRESS (If outside, give location): 1219 So. Colorado — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print) First: George Middle: Hugo Last: Stoeckle

4. DATE OF DEATH Month: 7 Day: 19 Year: 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 7-30-1875 **9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired **10b. KIND OF BUSINESS OR INDUSTRY**: X

11. BIRTHPLACE (City and state or country): Germany **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Unknown ~~Adm Papers~~ **13b. MOTHER'S MAIDEN NAME**: Unknown **14. NAME OF HUSBAND OR WIFE**: Marie Sstockle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown **16. SOCIAL SECURITY NO.**: Unknown **17. INFORMANT**: Adm Papers Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atheromatous Sclerosis — yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senil Dementia 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 4-25-'55, to 7-19-57 and last saw him alive on 7-18-'57
Death occurred at 4:05 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Allen Pickens, M.D. (Degree or title) D **22b. ADDRESS**: Nevada Mo. **22c. DATE SIGNED**: 7-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 7-19-57 **23c. NAME OF CEMETERY OR CREMATORY**: Bethonia Cemetery **23d. LOCATION** (City, town, or county) (State): Justice Park, Ill.

24. FUNERAL DIRECTOR ADDRESS: Sheil Funeral Home-Kansaw City, Mo. **25. DATE RECD. BY LOCAL REG.**: 7-24-'57 **26. REGISTRAR'S SIGNATURE**: Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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 Percy F. Mihlster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.