

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31276

STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 5336 Registrar's No. 57-62

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Center twp</u>		c. CITY OR TOWN <u>Everton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi. East of Greenfield</u>		d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u>	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u></u> Last <u>STOCKTON</u>		4. DATE OF DEATH <u>Sept. 7-1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 16-1875</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. BIRTHPLACE (City and state or country) <u>Everton, Missouri</u>
10a. FATHER'S NAME <u>Luke Lea</u>		10b. MOTHER'S MAIDEN NAME <u>Delia Carlock</u>	10c. NAME OF HUSBAND OR WIFE <u>W. G. Stockton</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		11. SOCIAL SECURITY NO. <u>None</u>	11. INFORMANT Address <u>Anna Lee Bowman - R1 Everton - Mo.</u>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart</u> <u>myocardial failure</u> DUE TO (b) <u>diabetes</u> DUE TO (c) <u>peripheral endarteritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			13. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
14. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			14. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
15. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			15. CITY, TOWN, OR LOCATION COUNTY STATE
16. I attended the deceased from <u>8-1-57</u> to <u>9-7-57</u> and last saw her <u>alive on 9-7-57</u> Death occurred at <u>8:13a. m on the date stated above; and to the best of my knowledge, from the causes stated.</u>			16. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
17. SIGNATURE <u>Dr. C. Canada</u> (Degree or title)		17. ADDRESS <u>R.R. Everton, Missouri</u>	
18. BURIAL, CREMATION, REMOVAL (Specify)		18. DATE <u>Sept 10-57</u>	
19. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>		19. LOCATION (City, town, or county) (State) <u>R.R. Everton, Missouri</u>	
20. FUNERAL DIRECTOR <u>Douglas Daniel Ash Grove - Mo.</u>		20. ADDRESS <u></u>	
21. DATE RECD. BY LOCAL REG. <u>9-9-57</u>		21. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	

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 *Doyle L. Dancer*

Licensed Embalmer No. *470*

P. O. Address *4th Grove*

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.