

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41564
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3086 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Armstrong		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		Length of stay in 1b 7 days	d. STREET ADDRESS none		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hallie Middle Payne Last Stocker			4. DATE OF DEATH Month December Day 3 Year 1957			
5. SEX female	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 June 21, 1885	9. AGE (In years last birthday) 72	
IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Charley Swetnam			14. MOTHER'S MAIDEN NAME Cynthia Spotts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Eula M. Tucker: Tell City, Indiana			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					491XF	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (1) Severe generalized arteriosclerosis (2) Fracture right tibia & fibula					19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fell at Pleasant View Nursing Home. Incurred fracture of					
20c. TIME OF INJURY Hour Unknown a. m. p. m. Month, Day, Year 11 26 57	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Pleasant View Nursing Home					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Huntsville,		COUNTY Randolph		STATE Missouri	
21. I attended the deceased from Dec. 1, 1957 to December 2, 1957 and last saw her alive on Dec. 2, 1957 Death occurred at 3:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Emmelobu M D			22b. ADDRESS 317 Virginia Ave, Moberly, Missouri		22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-5-1957	23c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery		23d. LOCATION (City, town, or county) (State) Armstrong, Missouri		
24. FUNERAL DIRECTOR Tom B. Patton		ADDRESS Huntsville	25. DATE RECD. BY LOCAL REG. 12/5/57	26. REGISTRAR'S SIGNATURE Emmelobu		

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 *Tom B. Patton*

Licensed Embalmer No. *3917*

P. O. Address *Huntwell*

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.