

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014583

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 187

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN KANSAS CITY 3508	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR IRBY REST HOME INSTITUTION 819 SO. MAIN		d. STREET ADDRESS (If outside, give location) 218 EAST 34TH TERRACE	
Length of stay in lb 1 MONTH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GERALDINE A. STOCKTON			4. DATE OF DEATH Month Day Year APRIL 23, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 23, 1875
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	9. AGE (In years) (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) JACKSONVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME MICHEL C. STOCKTON		13b. MOTHER'S MAIDEN NAME PANNINBAH HAYS	
14. NAME OF HUSBAND OR WIFE LEON BROWN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 499-096832		17. INFORMANT MRS. VERN F. PARISH Address 115 S. WILLOW KANSAS CITY, MO.	
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 OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS HYPERTENSION			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at Apr. 4-58 to Apr. 23-58 and last saw her alive on Apr. 23-58 7:05 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dr. or title) Maynard L. Whitstone, M.D.		22b. ADDRESS Independence MO	
22c. DATE SIGNED 4-25-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR 26 1958	
23c. NAME OF CEMETERY OR CREMATORY WOOD LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI	
24. FUNERAL DIRECTOR DUNNEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 4-26-58	
26. REGISTRAR'S SIGNATURE James C. Gray			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 30 1958

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 *Harold E. Ertman*

Licensed Embalmer No. *3035*  
P. O. Address *Ch. E. Co.*

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.