

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028122

STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 116

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Monett</b>                        |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Purdy</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Vincent's Hosp.</b> |  | Length of stay in lb <b>2 das.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>Route #1</b>                      |
|   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>ORA</b> Middle <b>STOCKTON</b> Last <b>STOCKTON</b> |  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>6</b> Year <b>1958</b> |  |  |
|---|--|--|---|--|--|

|                         |                                  |   |  |  |   |                                |
|-------------------------|----------------------------------|---|--|--|---|--------------------------------|
| 5. SEX<br><b>female</b> | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 17, 1888</b> | 9. AGE (In years last birthday)<br><b>70</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|---|--|--|---|--------------------------------|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Barry County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|---|--|---|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>James Hemphill</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Dora Burkhardt</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Jonah G. Stockton</b> |
|---|--|---|

|  |                         |  |         |
|--|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>J. G. Stockton-Purdy, Missouri</b> | Address |
|--|-------------------------|--|---------|

|  |                                       |  |
|--|---------------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ascites + Peritoneal Carcinomata</b> |                                       | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Carcinoma of uterus</b> |  |
|  | DUE TO (c) <b>174X</b>                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                       | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |

|   |  |
|---|--|
| 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<br>Hour .Month, Day, Year<br>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<br>COUNTY STATE |
|--|---|--|--|

|   |
|---|
| 21. I attended the deceased from<br>Death occurred at <b>5-12-58</b> to <b>8-5-58</b> and last saw her alive on <b>8-5-58</b><br><b>9 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><b>Charles H. Price M.D.</b> (Degree or title) | 22b. ADDRESS<br><b>Cassville, Mo.</b> | 22c. DATE SIGNED<br><b>8-7-58</b> |
|--|---------------------------------------|-----------------------------------|

|  |                               |  |  |
|--|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>8-10-1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sparks Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Barry County, Missouri</b> |
|--|-------------------------------|--|--|

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><b>Culver's</b> | ADDRESS<br><b>Cassville, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>8-12-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mrs J. M. Cook</b> |
|---|----------------------------------|--|--|

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NO. 858-172

DATE REC. 8-19-58

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 Margaret C. Henbest  
Licensed Embalmer No. 4389  
P. O. Address Cassville

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.