

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040336
STATE FILE NUMBER

#567
FILED NOV 18 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 478

300
1-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lee's Summit		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San.		Length of stay in 1b 1 Mon.	d. STREET ADDRESS (If outside, give location) 7000 a 1 Mi. So. Lee's Summit		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lillie Arvilla Stocker			4. DATE OF DEATH Month Day Year Nov. 10 1958		
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 Feb. 9, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days - -
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) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas L. Bradley		13b. MOTHER'S MAIDEN NAME Mary L. Aikens		14. NAME OF HUSBAND OR WIFE Emil C. Stocker (Dec.)	
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. None	17. INFORMANT Address Mrs. James May, Lee's Summit, 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) <i>Acute pulmonary insufficiency (atalectasis)</i>					INTERVAL BETWEEN ONSET AND DEATH 12 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Bronchopneumonia, & healing pulm. infarct</i>					weeks
DUE TO (c) <i>and congestive heart failure due to atherosclerotic H.D.</i>					2 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic lymphocytic leukemia. Fractured hip, left, healing.</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 491XH			
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 <i>Sept. 1, 1958</i> to <i>Nov. 10, 1958</i> and last saw her alive on <i>Nov. 9, 1958</i> Death occurred at <i>8:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Norman Anabou, M.D.</i>			22b. ADDRESS <i>10901 Winona Rd, Independ</i>		22c. DATE SIGNED <i>Nov 10, 1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-11-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Langsford Funeral Home		ADDRESS Lee's Summit, Missouri		25. DATE RECD. BY LOCAL REG. 11-11-58	26. REGISTRAR'S SIGNATURE <i>Lawrence S. Gray</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *W. B. Langford*
Licensed Embalmer No. *3833*
P. O. Address *Wis. Summ*

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.