

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

55-000474  
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 23

1. PLACE OF-DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b> 143	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>734 Vine St.</b>		d. STREET ADDRESS <b>734 Vine</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Edna</b> Middle <b>Bartley</b> Last <b>Stokes</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>21,</b> Year <b>1959</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 8, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	9. AGE (In years last birthday) <b>80</b>
13. FATHER'S NAME <b>John Bartley</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Eliza Basket</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Harold Mc Atee Fulton Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Craney occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive C.V.R. disease with</b> DUE TO (c) <b>auricular fibrillation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>16 hours</b> <b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4501</b>			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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>26 July 58</b> to <b>21 Jan 59</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>21 Jan 59</b> Death occurred at <b>3:55 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E.R. York</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Fulton Mo</b>	
22c. DATE SIGNED <b>23 Jan 59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Maupin Funeral Home Fulton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 23-1959</b>	26. REGISTRAR'S SIGNATURE <b>Margaret Lawrence</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

CORRECTOR MUST BE CASUALLY RELATED. CORRECTOR CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

JAN 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. J. Ross*.....

Licensed Embalmer No. *25*

P. O. Address *Full*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.