

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004721

STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 5163 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tebbetts Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Tebbetts (If outside, give location) c 140 c Inside Limits Yes No
d. STREET ADDRESS Route # 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last HENRY STOCK
4. DATE OF DEATH Month Day Year February 27, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED
8. DATE OF BIRTH July 26, 1867 9. AGE (In years last birthday) Months Days Hours Min. 91 7 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Hope, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Stock 13b. MOTHER'S MAIDEN NAME Johnannah Pilemeyer 14. NAME OF HUSBAND OR WIFE Sophia Nolting Stock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. 490-44-0227 17. INFORMANT Address Mrs. Arthur Miller Tebbetts, 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 Thrombosis INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 Oct. 14th 1957 to Feb. 19th 1959 and last saw him alive on Feb. 19th 1959
Death occurred at 8:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Corpuscular Macaulay 22b. DEGREE(S) D.O. 3rd. W. H. Party Official 22c. DATE SIGNED 2-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar. 1, 1959 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Tebbetts, Mo.

24. FUNERAL DIRECTOR'S ADDRESS Victor Buescher, J. Mo 25. DATE RECD. BY LOCAL REG. 3-1-59 26. REGISTRAR'S SIGNATURE LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

5. 300 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2013 23 NOV

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 *Victor Buesch*

Licensed Embalmer No. *370*
P. O. Address *James*

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.