Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012758
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R R # 3 JEFFERSON TOWNSHIP Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY COLE
c. CITY OR TOWN JEFFERSON CITY 0260 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R R # 3 JEFFERSON TOWNSHIP Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DARLA Middle KAY Last STOCKMAN

4. DATE OF DEATH Month APRIL Day 21 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Jan 3, 1959 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Elmer Stockman Jr. 13b. MOTHER'S MAIDEN NAME Patricia Brauner 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT Elmer Stockman Jr Address J C Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Encephalitis	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Aspiration of large mucoid vomiting	1 wk
DUE TO (c)	751X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis of legs since birth. + Hydrocephalus

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 a.m. p.m. Month, Day, Year

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 7 April 1959, to 21 April 1959 and last saw her alive on 20 April 1959
Death occurred at 6 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William R. Cox MD (Degree or title) 22b. ADDRESS Jefferson City Mo 22c. DATE SIGNED April 23, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/22/59 23c. NAME OF CEMETERY OR CREMATORY Resurrection 23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR Sylvester Quick ADDRESS J C Mo. 25. DATE RECD. BY LOCAL REG. 25 April 1959 26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.