

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018727

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 282

Primary Registration District No.

Registrar's No. 73

300
1-57

1. PLACE OF DEATH a. COUNTY Polk			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Humansville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 75 yrs.	d. STREET ADDRESS 0840		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Minnie Middle Dallas Last Stokes			4. DATE OF DEATH Month 5 Day 26 Year 1959		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/16/1877	9. AGE (In years at birthday) 82	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Morris		13b. MOTHER'S MAIDEN NAME Mary Carbor		14. NAME OF HUSBAND OR WIFE James S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. --	17. INFORMANT Address James S. Stokes, Humansville, 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) Chronic Myocarditis & Heart Failure					INTERVAL BETWEEN ONSET AND DEATH Indefinite
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Coronary Arteriosclerosis					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 May 1, 1959 to 5/26/59 and last saw her alive on 5/26/59 Death occurred at 8:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. S. Saunders (Degree or title) D.O.		22b. ADDRESS Fair Play, Mo		22c. DATE SIGNED 6/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/28/1959		23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	
				23d. LOCATION (City, town, or county) (State) Humansville, Mo.	
24. FUNERAL DIRECTOR Beckwith Funeral Homes, Humansville, Mo ADDRESS			25. DATE REGD. BY LOCAL REG. June 3, 1959		26. REGISTRAR'S SIGNATURE Ralph Gordon

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 24 1959

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 *O. H. Beckwith*

Licensed Embalmer No. *3937*
P. O. Address *Hunnamville, Md*

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.