IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032106

STATE FILE NUMBER

FILED VS SEP 21 1959 3 3

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 114

NDED

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant twp
Length of stay in 1b 76 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Grant twp
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Ridgeway - 3 Mile S.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Hella Middle Last Stockwell
4. DATE OF DEATH Month 9 Day 9 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-6-1883
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months 5 Days 3
IF UNDER 24 HR 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 Farm.
11. BIRTHPLACE (City and state or country) Harrison County Mo. U. S.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Horace Provin
13b. MOTHER'S MAIDEN NAME x Grant.
14. NAME OF HUSBAND OR WIFE Jesse Stockwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Harley Stockwell Address Ridgeway Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Hypertensive Heart Disease — 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)
Advanced Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 7-2-51, to 3-30-59 and last saw her alive on 3-30-59
Death occurred at 6:05 A.M. 9-9-59 m on the date stated above, and to the best of my knowledge, from the causes stated.
Body viewed at funeral home showed patient died of natural causes

22a. SIGNATURE G. H. Thorger (Degree or title) D.O.
22b. ADDRESS Bethany, Mo.
22c. DATE SIGNED 9-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-13-1959
23c. NAME OF CEMETERY OR CREMATORY Yankee Ridge
23d. LOCATION (City, town, or county) (State) Ridgeway Mo.

24. FUNERAL DIRECTOR McHaas ADDRESS Bethany Mo.
25. DATE RECD. BY LOCAL REG. 9-14-1959
26. REGISTRAR'S SIGNATURE Zella Mayes

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M Haa

Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, M

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