

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023425

FILED VS JUN 17 1960

3041

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>1 hour</b>	c. CITY OR TOWN <b>Independence, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital DBA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10812 E. 39th.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>MRS. EDNA I. STOKES</b>			4. DATE OF DEATH Month Day Year <b>6-3-60</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.
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>Home</b>	11. BIRTHPLACE (City and state or country) <b>Mound City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Montgomery</b>		13b. MOTHER'S MAIDEN NAME <b>Cordila Gillis</b>		14. NAME OF HUSBAND OR WIFE <b>Conyer Stokes</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>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mr. Conyer L. Stokes 10812 E. 39th</b> Address
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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>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 Days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive Cardio-Vasc. Dis.</b>		<b>5 years</b>
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.	Month, Day, Year		
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 Jan 1958 to June 3, 1960 and last saw her <sup>her</sup> alive on June 1, 1960  
Death occurred at Approx 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>A. D. Eshelman</b> (Degree or title)	22b. ADDRESS <b>9306 E New 40 Highway Independence, Mo.</b>	22c. DATE SIGNED <b>6/3/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-6-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>June 6, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Thom Minshall</b>

24. FUNERAL DIRECTOR ADDRESS  
**1800 E. Linwood Blvd.**

25. DATE RECD. BY LOCAL REG. **June 6, 1960**

26. REGISTRAR'S SIGNATURE **Thom Minshall**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. D. Eshelman

Dr. A. D. E.  
9306 A. E.  
766-2000-

leave at St. for  
for Dr. to to see  
pick-up Sat

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dale H. Moore

Licensed Embalmer No. 510

P. O. Address Shawnee

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.