

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023866

FILED VS JUL 1 1960

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. #330 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>MISSISSIPPI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>MISSISSIPPI</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>EAST PRAIRIE, MO.</b>		c. CITY OR TOWN <b>EAST PRAIRIE, MO.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>EAST PRAIRIE, MO.</b>		d. STREET ADDRESS (If outside, give location) <b>GEN. DEL.</b>	

3. NAME OF DECEASED (Type or print) First <b>CLIFTON</b> Middle <b>EARL</b> Last <b>STOKES</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>19</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8-29-1917</b>	9. AGE (last birthday) <b>43</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>FARM LABOR</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MARSHALL CO., KY.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>GEORGE STOKES</b>	13b. MOTHER'S MAIDEN NAME <b>LOU ADDIE KING</b>	14. NAME OF HUSBAND OR WIFE <b>VELMA RENDELS CARDER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>491-18-7045</b>	17. INFORMANT <b>NESBY STOKES RT. # 2 EAST PRAIRIE, MISSOURI.</b>
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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>Crushed Skull &amp; Chest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 Min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Stokes was a passenger in the auto driven by James Irby of East Prairie, Mo.</b>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>the auto hit a trench in city street causing the auto to hit a tree throwing stokes out &amp; crushing</b>	
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.) <b>City Street</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>East Prairie, Miss. Missouri</b>

21. I attended the deceased from **After death as Coroner** and last saw her alive on \_\_\_\_\_  
Death occurred at **7:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Clifton W. Little</i> <b>Coroner</b>	22b. ADDRESS <b>Charleston, Missouri</b>	22c. DATE SIGNED <b>6/22/60</b>
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23a. BURIAL/CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-20-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>EAST PRAIRIE, MO.</b>
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24. FUNERAL DIRECTOR <b>SHELBY FUNERAL HOME EAST PRAIRIE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-27-60</b>	26. REGISTRAR'S SIGNATURE <i>Bertude L. Harper</i>
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DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Travis Shelby Jr.*

Licensed Embalmer No. *4940*

P. O. Address *East Plain*

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