

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029585

FILED VS SEP 13 1960 15 5068 96
 Registration District No. Primary Registration District No. Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doyleport		Length of stay in 1b 50 yrs	c. CITY OR TOWN Doyleport
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None

3. NAME OF DECEASED (Type or print) First Lucy Middle Ellen Last Stockdale			4. DATE OF DEATH Month Sep Day 2 Year 1960		
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5. SEX F.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/30/1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Van Buren Ark	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME William Fisher	13b. MOTHER'S MAIDEN NAME Mildred Fisher	14. NAME OF HUSBAND OR WIFE William Stockdale
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Lester Stockdale Sheldon Mo
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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) Plum and cancer		INTERVAL BETWEEN ONSET AND DEATH 3 Months
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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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.) LAMAR	20f. CITY, TOWN, OR LOCATION Barton Mo	COUNTY Mo	STATE
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21. I attended the deceased from June 1960 to Sept 2 and last saw her/him alive on August 18 Death occurred at Sept 2 1960 m of the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE D A Eschner M.D. (Degree or title)	22b. ADDRESS LAMAR	22c. DATE SIGNED 9-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 5 60	23c. NAME OF CEMETERY OR CREMATORY Sheldon	23d. LOCATION (City, town, or county) Sheldon Mo
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24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 9 - 60	26. REGISTRAR'S SIGNATURE Marie Konantz
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(Licensed Embalmer's Statement on Reverse Side)

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 Harold Beery

Licensed Embalmer No. 4203

P. O. Address Helday

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.