

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH														
DEPARTMENT OF PUBLIC HEALTH AND WELFARE														
STATE FILE NUMBER 61-024555														
AMENDED FILED JUL 17 1961														
Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 200														
DATE AMENDED	1. PLACE OF DEATH a. COUNTY Cole						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion							
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Missouri						Length of stay in 1b			c. CITY OR TOWN Belle			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hospital						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) Star Route			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	3. NAME OF DECEASED (Type or print) First Middle Last Stella Branson Stockton						4. DATE OF DEATH Month Day Year July 10, 1961							
	5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-8-1893		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe factory worker				10b. KIND OF BUSINESS OR INDUSTRY Shoe factory		11. BIRTHPLACE (City and state or country) Paydown, Missouri		12. CITIZEN OF WHAT COUNTRY United States					
	13a. FATHER'S NAME Tom Bray				13b. MOTHER'S MAIDEN NAME Mehalia Branson				14. NAME OF HUSBAND OR WIFE John Richard Stockton					
	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO						17. INFORMANT Address W.B. Stockton Belle 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) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSIVE CARDIOVASCULAR DISEASE PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
	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 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 7/7/61 to 7/10/61 and last saw her alive on 7/10/61 . Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE [Signature] (Degree or title) MD														
22b. ADDRESS 2008 LIVINGSTON, JEFFERSON CITY, MO.														
22c. DATE SIGNED 7/10/61														
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL														
23b. DATE 7/13/61														
23c. NAME OF CEMETERY OR CREMATORY LARUE DALE														
23d. LOCATION (City, town, or county) (State) NEAR BELLE MO														
24. FUNERAL DIRECTOR ADDRESS HOWARD JONES Belle MO														
25. DATE RECD. BY LOCAL REG. 13 July 1961														
26. REGISTRAR'S SIGNATURE RP Davis, MD - N. Richter														

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 Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle mo

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.