SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037645
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3039 Registrar's No. 80

ED NOV 13 1961

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marceline — Length of stay in 1b: 1 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): West Curtis — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Linn
c. CITY OR TOWN: Marceline — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): West. Curtis — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: William — Middle: H. — Last: Stokes
4. DATE OF DEATH: Month: Nov. — Day: 3 — Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/14/1880
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months 2, Days 19 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Macon. Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James
13b. MOTHER'S MAIDEN NAME: Mary Moore
14. NAME OF HUSBAND OR WIFE: Ella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Ella Stokes — Address: Marceline, 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): Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1) Cardiac decompensation 2) Previous Infarction 3) Obstructive as thma 4) Malnutrition
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 1959, to Nov 3, 1961 and last saw him alive on Nov. 1, 1961
Death occurred at approx 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George Gerrys
22b. ADDRESS: Marceline Missouri
22c. DATE SIGNED: 11-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 11/5/1961
23c. NAME OF CEMETERY OR CREMATORY: Park
23d. LOCATION (City, town, or county) (State): Keytesville, Chariton Mo.

24. FUNERAL DIRECTOR: James McLaughlin — ADDRESS: Marceline Mo
25. DATE RECD. BY LOCAL REG.: 11-4-1961
26. REGISTRAR'S SIGNATURE: Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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.