

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039760
STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 115

AMENDED FILED OCT 26 1962

VS 300 Rev. 4/59	DATE AMENDED	
<u>1 0841</u>		
<u>2 0840</u>		
3 <u>2</u>		
4 <u>1</u>		
5 <u>2</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
<u>9 331X</u>		
10	INSTEAD OF	
11		
<u>12 86-2</u>		
<u>13 1-0</u>		
	SHOULD READ	
	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived or institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>		Length of stay in lb <u>1 week</u>	c. CITY OR TOWN <u>Morrisville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Nursing Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Morrisville</u>
3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>ELIZABETH</u> Last <u>STOKES</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 16 - 1881</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Polk County - Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>L. J. Hembelton</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Hanalson</u>		14. NAME OF HUSBAND OR WIFE <u>George Stokes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Rosie Stokes</u>		Address <u>Kenton Morrisville - Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis.</u> DUE TO (b) <u>Cerebral Hemorrhage on 8-18-62</u> DUE TO (c) <u>Arterio-Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.		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 <u>9-27-1962</u> to <u>10-3-62</u> and last saw her alive on <u>10-2-62</u> Death occurred at <u>11:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Bolivar Mo.</u>	
22c. DATE SIGNED <u>10-5-62</u> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-5-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morrisville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Morrisville - Mo.</u>			
24. FUNERAL DIRECTOR <u>Bruce David - Walnut Street - Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 24, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ralph Gordon for Jewell Gordon</u>			

USE BLACK INK OR TYPEWRITER RIBBON

OCT 26 1962

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 Wayne L. Daniel

Licensed Embalmer No. 4702

P. O. Address Ash Grove - 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.