

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1435

48  
Jan

FILED FEB 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>73 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Strasberg</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Stock</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>January 18, 1949</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Feb. 12, 1875</b>		9. AGE (In years last birthday) <b>73</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Pleasant Hill, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>James Clarkson</b>		13b. MOTHER'S MAIDEN NAME <b>Willa Ann Hall</b>			
14. NAME OF HUSBAND OR WIFE <b>T. F. Stock</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Stock</b>		ADDRESS <b>Kingsville, Mo.</b>		18. CAUSE OF DEATH			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Surgical shock</b>  ANTECEDENT CAUSES DUE TO (b) <b>operation for carcinoma of pancreas</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of pancreas</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Jan. 12, 1949</b> , to <b>Jan. 18, 1949</b> , that I last saw the deceased alive on <b>Jan. 18, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. S. Cope</b> (Degree or title) _____			23b. ADDRESS <b>Kansas City, Mo.</b>		23c. DATE SIGNED <b>1-18-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-21-49</b>		24c. NAME OF CEMETERY OR CREMATORY _____			
24d. LOCATION (City, town, or county) (State) <b>Strasberg, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownfield</b>		ADDRESS <b>Pleasant Hill, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-19-49</b>		REGISTRAR'S SIGNATURE <b>Steadline Holmes</b>					

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**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.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.