

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4123

State File No.

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| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>278</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>6 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stansberry</u> | | 30 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>210 West 3rd St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Walter</u> | | b. (Middle) <u>Mitchel</u> | | c. (Last) <u>Stockton</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8, 1949</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Dec. 10, 1871</u> | | 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | | 11. BIRTHPLACE (State or foreign country) <u>Clinton County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Stockton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Scott</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gertie Stockton</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gertie Stockton-Stansberry, MO.</u> | | | |
| 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) <u>Cancer of the Bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Sigmoid</u> DUE TO (c) <u>L</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153K</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | | 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 <u>2-28, 1949</u> , to <u>3-8, 1949</u> , that I last saw the deceased alive on <u>3-8, 1949</u> , and that death occurred at <u>6:50am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. O. Stansberry</u> | | 23b. ADDRESS <u>St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>3-8-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>3-8-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Highridge Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stansberry, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>March 10, 1949</u> | | REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> | | 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stacey Fun. Home St. Joseph, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 26 1950

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 Charles M. Harms

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.