

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5624

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5825 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri New Madrid	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Malden RT. 1		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Malden rural rt.	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) Leroy	c. (Last) Stockton	4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 30 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bardwell Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.A. Stockton	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Carmel Stockton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) Mexican	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Carmel Stockton	ADDRESS Malden Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malignant hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/11/1949 to 2/18/1949, that I last saw the deceased alive on 2/18/1949, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE S.M. Bailey M.D.	(Degree or title) M.D.	23b. ADDRESS Malden, Mo.	23c. DATE SIGNED 2-26-49
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Feb. 23 1949	24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	24d. LOCATION (City, town, or county) (State) Stoddard county
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DATE REC'D BY LOCAL REG. 3/4/49	REGISTRAR'S SIGNATURE Dr. W. W. Austin	25. FUNERAL DIRECTOR'S SIGNATURE W. W. Austin	ADDRESS Paris, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Office No. 2

District File Number 349391

Date Filed 3-7-8

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 _____
Student Embalmer

Signed

Lynna Steele

Licensed Embalmer No. 7476

P. O. Address *Wester 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 this body is not embalmed, fact should be so stated above.