

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19217**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **523**

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

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY GREENE TEXAS		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) RURAL - BEN DAVIS, MO?		d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. John's Hospital					
3. NAME OF DECEASED a. (First) DOLLIE b. (Middle) REBECCA c. (Last) STOCKSTELL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 12 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 31 1890	9. AGE (In years last birthday) 58	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS, OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) TEXAS COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W.H. YOUNG		13b. MOTHER'S MAIDEN NAME MARTHA BLANTEN	14. NAME OF HUSBAND OR WIFE WALTER A. STOCKSTELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO.		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.W. Barber Mtn. Home, Mo		
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) Sub Dural Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shunt Failure & Cerebral Calcification DUE TO (c) Cerebral Calcification II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6/11/49 68244 32
19a. DATE OF OPERATION 6/11/49		19b. MAJOR FINDINGS OF OPERATION Sub Dural Hemorrhage			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Wright's Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wright Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-11-49 3P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Dumped from Car		
22. I hereby certify that I attended the deceased from 6-11-1949 , to 6-12-1949 , that I last saw the deceased alive on 6-12-1949 , and that death occurred at 7a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Reed Loggins M.D.			23b. ADDRESS 609 Cherry - Springfield, Mo		23c. DATE SIGNED 6-12-49
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 14/49	24c. NAME OF CEMETERY OR CREMATORY ROCK SPRINGS		24d. LOCATION (City, town, or county) (State) BEN DAVIS MO	
DATE REC'D BY LOCAL REG. 6-14-49		REGISTRAR'S SIGNATURE H. G. Handley, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.W. Barber Mtn. Home, Mo.	

JUN 9 1916

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 R. W. Barber

Signed.....
Student Embalmer

Licensed Embalmer No. 3845

P. O. Address Wm. H. M., May

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.