

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18693**  
Registrar's No. **4783**

318

1003

4783

|  |  |   |  |   |   |   |   |                                |                                  |  |
|--|--|---|--|---|---|---|---|--------------------------------|----------------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>4783</b>   |   |                                |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Illinois</b><br>b. COUNTY <b>Madison</b> |   |   |   |                                |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place)<br><b>1 day</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Madison</b>  |   | <b>8120</b>   |   |                                |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis Children's Hosp</b>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>1002 10th St. - 8</b>   |   |   |   |                                |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Rickey</b><br>b. (Middle) <b>Lee</b><br>c. (Last) <b>Stockton</b>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>5-31-50</b> |   |   |   |   |                                |                                  |  |
| 5. SEX<br><b>male</b>  |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>9</b>  |   | 8. DATE OF BIRTH<br><b>11-28-49</b>                                 |   |                                |                                  |  |
| 9. AGE (In years last birthday)<br><b>6 mos.</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 1 MIN.<br>Hours _____ Min. _____   |   |   |   |                                |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                          |   | 11. BIRTHPLACE (State or foreign country)<br><b>Kennett, Mo</b> |   | 12. CITIZEN OF WHAT COUNTRY?  |                                |                                  |  |
| 13a. FATHER'S NAME<br><b>Jess Stockton</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Helen Oliver</b>           |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>                      |   |   |                                |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Jess Stockton</b>   |   |   |   | ADDRESS<br><b>Madison, Ill</b> |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningococcal meningitis</b>       |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>                                   |                                |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |   |   |   |   |                                |                                  |  |
|  |  | DUE TO (b) _____  |  |   |   |   |   |                                |                                  |  |
|  |  | DUE TO (c) _____  |  |   |   |   |   |                                |                                  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   |   | 20. AUTOPSY?<br>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)<br><b>5-31-50</b>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                |  | 21f. HOW DID INJURY OCCUR?<br><b>057.0</b>  |   |   |   |                                |                                  |  |
| 22. I hereby certify that I attended the deceased from <b>5-30</b> , 1950, to <b>5-31</b> , 1950, that I last saw the deceased alive on <b>5-31</b> , 1950, and that death occurred at <b>10:25 A.M.</b> , from the causes and on the date stated above. |  |   |  |   |   |   |   |                                |                                  |  |
| 23a. SIGNATURE<br><b>Wm. K. Lingers M.D.</b>   |  |   |  | (Degree or title)   |   | 23b. ADDRESS  |   | 23c. DATE SIGNED               |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>6/2/50</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Shoema Re Cem.</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Kennett, Mo</b> |   |                                |                                  |  |
| DATE REC'D BY LOCAL REG.<br><b>MAY 31 1950</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. B. L... ..</b>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Ed. Hochstetler</b>      |   |   |                                | ADDRESS<br><b>5516 N. 14 St.</b> |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*quest unabled to certify*

*Wm. H. Smith  
H. H. Smith  
Wm. H. Smith*

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Ronald O. Valis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *13917*

P. O. Address *St. Louis*

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.

*1/20 1-10-11*  
*pk. with 3122201 v. 104 102*