

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30799

State File No. ....

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Rasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage, Mo. 16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mihler 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ston Memorial</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Arthur</u>	b. (Middle) <u>Stockton</u>	c. (Last) <u>Stockton</u>	(Month) <u>9</u>	(Day) <u>27</u>	(Year) <u>50</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. O</u>	12. CITIZEN OF WHAT COUNTRY? <u>O</u>
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13a. FATHER'S NAME <u>Thomas Stockton</u>	13b. MOTHER'S MAIDEN NAME <u>Margaretta Shuckoer</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Stockton</u>
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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	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>12 yrs</u>  <u>610X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emboli</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>9-25-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic hypertrophy</u>	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) m.	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 9-10, 1950, to 9-26, 1950, that I last saw the deceased alive on 9-26, 1950 and that death occurred at 12-0 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert B. Wheeler, D.O.</u>	23b. ADDRESS <u>Carthage, Mo.</u>	23c. DATE SIGNED <u>9-28-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>	24d. LOCATION (City, town, or county) (State) <u>North of Mihler Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-30-50</u>	REGISTRAR'S SIGNATURE <u>J B Clenton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norma Geiman Miller</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-2-50  
Jasper County Health Office

County File Number 50-9-692  
Date Filed 10-2-50

DEC 22 1950

OCT 14 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.

Student .....  
Student Embalmer

Signed E. P. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.