S. No. 300
v. 10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41031

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5342

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1012 East 84th St. Terrace 3938

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) BENJAMIN c. (Last) STOKLEY

4. DATE OF DEATH (Month) December (Day) 18 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: September 3, 1932
9. AGE (In years last birthday): 18 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME: William H. Stokley
13b. MOTHER'S MAIDEN NAME: Virginia Charde
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 490 30 5755
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Virginia Stokley, 1012 E. 84th ADDRESS K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis acute generalized — INTERVAL BETWEEN ONSET AND DEATH: 1 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Appendicitis Acute Suppurative — 1 week
DUE TO (c) Retrocoecal Appendicial Abscess — 4 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 5501

19a. DATE OF OPERATION: Dec 14, 1950
19b. MAJOR FINDINGS OF OPERATION: Appendicitis Acute Suppurative Retrocecal Appendicial Abscess
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 14, 1950, *to* Dec 18, 1950, *that I last saw the deceased alive on* Dec 18, 1950, *and that death occurred at* 10:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Orval T. Needels (Degree or title): Orval T. Needels MD
23b. ADDRESS: 7400 Wornall KCs-Mo
23c. DATE SIGNED: Dec 19, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 21, 1950
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 12-19-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: WILKS FUNERAL HOME 2315 Linwood ADDRESS K.C. 3 Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 2644

P. O. Address KC-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.