

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15946**  
**1547**

FILED APR 28 1951

BIRTH NO. _____		REG. DIST. NO. <b>393</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City 0248 94</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b> grocery Intersection Hiway 10 &amp; 69</b>				d. STREET ADDRESS (If rural, give location) <b>Hiway 10 1/2 mile south of Hiway 69</b>				
3. NAME OF DECEASED (Type or Print) <b>Werth</b>			a. (First) <b>E.</b>		b. (Middle)		c. (Last) <b>Stokes</b>	
4. DATE OF DEATH		(Month) <b>April</b>		(Day) <b>6</b>		(Year) <b>51</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>23 March 1903</b>		
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>18</b>		IF UNDER 12 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Food</b>		11. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>John Stokes</b>		13b. MOTHER'S MAIDEN NAME <b>Beulah Smith</b>		
14. NAME OF HUSBAND OR WIFE <b>Elsie Edwards Stokes</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				
16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elsie Edwards Stokes NKC Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES		DUE TO (b) _____						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>D. S. Pate M.D.</b> (Degree or title)				23b. ADDRESS <b>W. Kansas City, Mo.</b>		23c. DATE SIGNED <b>4/19/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9 April 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Now Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-9-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. M. Ostrom Funeral Home NKC</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

0248  
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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.....

*John S. Morton III*

working under my personal supervision.

Student Embalmer No. *360*

Signed *John S. Morton III*  
Student Embalmer

Signed *Harold L. Pomeroy*

Licensed Embalmer No. *3605*

E. O. Address *Palmyra 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.