

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30671

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Williams Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Sons Home</u>			
3. NAME OF DECEASED a. (First) <u>Amanda</u> b. (Middle) <u>Stockham</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Dec 4 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping Novelty</u>	11. BIRTHPLACE (State or foreign country) <u>D Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Will Dutton</u>		13b. MOTHER'S MAIDEN NAME <u>Lusan Ferguson</u>	
14. NAME OF HUSBAND OR WIFE <u>E.R. Stockham (Dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Stockham</u> ADDRESS <u>Edina Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Atherosclerosis</u>	
		DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>3/39/XX</u>	
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) (Min)	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 <u>Sept 28 1951</u> to <u>Sept 29 1951</u> , that I last saw the deceased alive on <u>Sept 29 1951</u> , and that death occurred at <u>3:19 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. Mahoney</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Edina Mo</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 1st 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eusebia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct-3-1951</u>	REGISTRAR'S SIGNATURE <u>Will S. Nunnit</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.M. Goodding</u> ADDRESS <u>Atlanta Mo</u>	

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

520
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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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta, 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.