

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40620

FILED DEC 17 1951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5068 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> <u>Ozka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Doylesport</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Doylesport</u>	
c. LENGTH OF STAY (in this place) <u>73 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>STOCKDALE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec. 2 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. 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>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Co., Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Franklin Stockdale</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Bunton</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Ellen Fisher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester S. Stockdale</u>	ADDRESS <u>Sheldon, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>high blood pressure</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	19b. MAJOR FINDINGS OF OPERATION	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)
		<u>LAMAR Barton Mo</u>

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 Nov 28, 1951, to Dec. 2, 1951, that I last saw the deceased alive on Dec. 1, 1951, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.R. Guldner M.D.</u>	23b. ADDRESS <u>LAMAR</u>	23c. DATE SIGNED <u>Dec 5 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 5 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 7 - 1951</u>	REGISTRAR'S SIGNATURE <u>Marie Kondrat</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald</u>	ADDRESS <u>Sheldon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

60

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **DEC 11 1951**

Dist. File 1277-3113

Date Filed 12-12-51

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.

Signed _____

L. Gerald Boney

Signed _____

Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Shelton 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.