

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42179

State File No. ....

FILED JAN 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 105

0560  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEWISTOWN - RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EWING</u>	
c. LENGTH OF STAY (In this place) <u>6 month</u>		d. STREET ADDRESS (If rural, give location) <u>0560</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RAIRE VIEW REST HOME</u>			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>DILLARD</u> c. (Last) <u>STOKELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 18 1860</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ky. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Joseph Stokely</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH F PEACHER</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA R. SLOKELY-LEWISTOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARA R. SLOKELY-LEWISTOWN</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <u>4201</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)		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 Dec 17, 1951, to Dec 18, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 6 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr Lee C Thompson D.O.</u>		23b. ADDRESS <u>Lewistown, Mo</u>		23c. DATE SIGNED <u>12-20-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 20 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Olive</u>		24d. LOCATION (City, town, or county) (State) <u>5 miles west of Ewing, MO</u>	
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DATE REC'D BY LOCAL REG. <u>1/2/52</u>		REGISTRAR'S SIGNATURE <u>P.W. JENNINGS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>		ADDRESS <u>Ewing, MO</u>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*Thomas Ball*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.