

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5280

FILED FEB 16 1952		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 548	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ridgway</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lake Side Hospital</b>							
3. NAME OF DECEASED (Type or Print) <b>Catherine Stockwell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4 1952</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 25, 1884</b>	
9. AGE (In years last birthday) <b>68</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ridgway Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Henry</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Mc Henry</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Stockwell</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>Frank Stockwell Ridgway, Mo.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Cerebral Embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombophlebitis left leg</b> DUE TO (c) <b>Fractured rt. leg</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>89040</b> <b>21</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Ridgway Harrison, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. - 1951 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall in the home from</b>			
22. I hereby certify that I attended the deceased from <b>Dec 1951</b> , to <b>Feb 1952</b> , that I last saw the deceased alive on <b>Feb 4, 1952</b> and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James E. Griffin</b> (Degree or title)				23b. ADDRESS <b>3833 Paces K.C. Mo.</b>		23c. DATE SIGNED <b>2/4/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 4 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>--</b>		24d. LOCATION (City, town, or county) (State) <b>Bethany Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-4-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C L Foster 918 Broadway K.C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

3833 Paseo

624650

804075

**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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. E. 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.