

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31888**
3936

FILED SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3936</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) (Specify townships) <u>2 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HIGGINSVILLE</u>		<u>0541</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>X /</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTILIA</u>		b. (Middle) <u>V.</u>		c. (Last) <u>STOKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 4 52</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG 28, 1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOHN LUKEAHEIMER</u>		13b. MOTHER'S MAIDEN NAME <u>JOHANNA KREES</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS STOKES</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>REV. STOKES HIGGINSVILLE, MO</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>Cerebral Encephalomalacia (Brain tumor)</u> INTERVAL BETWEEN ONSET AND DEATH <u>Jan 9/52</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes Mellitus</u> 332A					
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, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/22</u> , <u>MO</u> , to <u>9/4/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/4/52</u> , 19 <u>52</u> , and that death occurred at <u>5:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.G. Leitch</u> (Degree or title) <u>Obstetrician M.D.</u>				23b. ADDRESS <u>1010 Poplar St. Kansas</u>		23c. DATE SIGNED <u>9/5/52</u>	
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>9-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. AGNES</u>		24d. LOCATION (City, town, or county) (State) <u>SARCOXIE MO</u>	
DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eyler</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

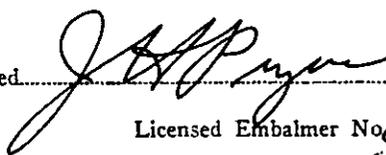
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

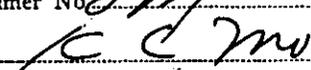
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No.  _____

P. O. Address  _____

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.