

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9512**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) GRANBY		c. CITY (If outside corporate limits, write RURAL and give township) GRANBY 0730	
c. LENGTH OF STAY (In this place) 7 YRS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		e. ADDRESS	

3. NAME OF DECEASED (Type or Print) ELIZABETH	a. (First)	b. (Middle)	c. (Last) STOCKTON	8. DATE OF DEATH (Month) (Day) (Year) 3 - 11 - 1954
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-8-1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) ARKANSAS STATE 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D.C. Young	13b. MOTHER'S MAIDEN NAME Rillie Stockton	14. NAME OF HUSBAND OR WIFE Wm. H. Stockton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Wm. H. Stockton	ADDRESS Granby, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure.		None
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thyroid heart disease.		1 1/2 Mo.
DUE TO (c) thyrotoxicosis.		1 1/2 Mo.	
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 2520	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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 2, 1954**, to **March 8, 1954**, that I last saw the deceased alive on **March 8, 1954**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas E. Young D.O.	23b. ADDRESS GRANBY, MO	23c. DATE SIGNED 3-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-14-1954	24c. NAME OF CEMETERY OR CREMATORY NEWTONIA CEMETERY	24d. LOCATION (City, town, or county) (State) NEWTONIA, MISSOURI
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DATE REC'D BY LOCAL REG. Mar. 13, 1954	REGISTRAR'S SIGNATURE M. L. Young	25. FUNERAL DIRECTOR'S SIGNATURE F. E. Demore	ADDRESS Granby, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 354-44

Date Filed MAR 19 1954

NEOSHO, MISSOURI

DEC 18 1957

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 F. E. Skewmald.

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, 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.