

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11358

State File No. 3007

Registrar's No. 768

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 3007		Registrar's No. 768			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden					
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				d. STREET ADDRESS (If rural, give location) 4 Miles East of Malden							
3. NAME OF DECEASED (Type or Print) Richard			a. (First)		b. (Middle) Elgin		c. (Last) Stokes		4. DATE OF DEATH (Month) (Day) (Year) April, 13, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan., 10, 1905		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Luther B. Stokes			13b. MOTHER'S MAIDEN NAME Berna Kinsolving			14. NAME OF HUSBAND OR WIFE Agnes Stokes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Agnes Stokes, Malden, Mo. ADDRESS							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 1 day			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201								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) m.		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 4-12, 1954 , to 4-13, 1954 , that I last saw the deceased alive on 4-13, 1954 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE J. L. Mueller, M.D. (Degree or title)				23b. ADDRESS Poplar Bluff, Mo.				23c. DATE SIGNED 4/22/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park			24d. LOCATION (City, town, or county) (State) Malden, Mo.				
DATE REC'D BY LOCAL REG. 4/22/54		REGISTRAR'S SIGNATURE J. L. Mueller			25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home, Malden, Mo.			ADDRESS			

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

489-1) (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 26 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

APR 28 1954

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 *J. D. Korman*

Licensed Embalmer No. *4086*

P. O. Address *Madden*

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.