

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19530

State File No.

No. 300
10.48

550
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BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Mt. Vernon, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>51 days</u>		STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lawrence</u>	b. (Middle) <u>Garland</u>	c. (Last) <u>Stockton</u>
4. DATE OF DEATH	(Month) <u>July</u>	(Day) <u>1</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18, 1911</u>
9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio repair</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Peter Stockton</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Christine Hartman</u>	14. NAME OF HUSBAND OR WIFE <u>Madelyn Stockton</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>500-09-4746</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. records, Mo. S.S., Mt. Vernon, 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>Pulmonary tuberculosis, far advanced</u>		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 12 yrs.</u>	
ANTECEDENT CAUSES			
Morbid 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.			
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 <u>5-11-</u> , 19 <u>54</u> , to <u>7-1-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-1-</u> , 19 <u>54</u> , and that death occurred at <u>10:00p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. A. Brush m. D. O.</u>		23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>7-2-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca Mo</u>
DATE REC'D BY LOCAL REG. <u>7-2-54</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1411 1/2 W. T. Fossett Mt. Vernon Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 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.....
Signature of Student Embalmer

Signed *Max L. Fossitt*

Licensed Embalmer No. *42*

P. O. Address *McKenney*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.