

FILED NOV 15 1954

STANDARD CERTIFICATE OF DEATH

DR. TISHING

33643

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1034</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>1644 S. BROADWAY</u> <u>0396</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BRUCE</u> c. (Last) <u>STOCKTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 8 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>FEB. 26 1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MGR. FIG. DEPT.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELKINS*SWYER CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>FRANK C. STOCKTON</u>			13b. MOTHER'S MAIDEN NAME <u>LILLIAN JAMES</u>		14. NAME OF HUSBAND OR WIFE <u>HAZEL STOCKTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HAZEL STOCKTON</u>					ADDRESS <u>SPRINGFIELD, 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 Edema Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bullet wd. skull, brain</u> DUE TO (c) <u>Intracranial Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>11-7-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Epidural, subdural Hematoma; subcutaneous Hemorrhage</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>SPRINGFIELD</u>		(COUNTY) <u>GREENE, MO</u> (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-7-54</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bullet said to be suicide</u>				
22. I hereby certify that I attended the deceased from <u>11-7</u> , 19 <u>54</u> , to <u>11-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>54</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John R. L. Staugen</u>				23b. ADDRESS <u>404 Professor Bldg Springfield, MO.</u>		23c. DATE SIGNED <u>11-9-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11/10/54</u>	24c. NAME OF CEMETERY OR CREMATORIA		24d. LOCATION (City, town, or county) <u>ST. LOUIS, MO.</u>		(State)	
DATE REC'D BY LOCAL REG. <u>11-9-54</u>		REGISTRAR'S SIGNATURE <u>Faith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u>		ADDRESS <u>SPRINGFIELD, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1961

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..... *Gene C. Hunt*

Licensed Embalmer No. *473*

P. O. Address *Springfield*

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.