

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37786

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Okmulgee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Okmulgee</u>	d. Is 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>Mc Cune Brooks Hosp.</u>		STREET ADDRESS (If rural, give location) <u>516 W. 11th</u> <u>83508</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elinor</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Stokes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-11-1926</u>	9. AGE (in years last birthday) <u>28</u>	IF UNDER 1 YEAR Months Days Hours Min.	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) <u>Stenographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dr. T.A. Orr</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unk</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe N. Groom</u>	13b. MOTHER'S MAIDEN NAME <u>Unk</u>	14. NAME OF HUSBAND OR WIFE <u>Unk</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe N. Groom</u> ADDRESS <u>Okmulgee, Okla.</u>
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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, asthma, 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) <u>Basil Skull Fracture</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Auto Accident</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jasper Jasper Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 28 1954 2:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased NOT ATTENDED NOT ATTENDED, 19 1954, and that death occurred at 5:10 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Wendell M. S. Coover</u> (Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>11-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-28-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Davis Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Okmulgee, Oklahoma</u>
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DATE REC'D BY LOCAL REG. <u>12-2-54</u>	REGISTRAR'S SIGNATURE, <u>Elmer Chilton</u> <u>139-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u> ADDRESS <u>Carthage, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed DEC 11 1954

MAR 24 1955

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 *William B. Cantrell*

Licensed Embalmer No. *489*

P. O. Address *Cartersville*

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.