

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26691

State File No. \_\_\_\_\_

FILED AUG 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 323

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

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Joplin</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Joplin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>22 years</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 (If not a hospital or institution, give street address or location) <u>Doc. St. Johns Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>809 Kentucky Ave</u>	
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>Earl</u> b. (Middle) <u>William</u> c. (Last) <u>Stokes</u>			<u>8-2-1955</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OF RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 20, 1899</u>
<b>9. AGE</b> (In years) (Month) (Day) (Hours) (Min.) <u>55</u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Meat</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Weir, Kansas</u>
<b>12. CITIZENSHIP OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>George Stokes</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rose Davis</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Opal Stokes</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>495-09-2331</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Opal Stokes 809 Kentucky Ave. Weir, Mo.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
PRECEDENT CAUSES		DUE TO (b) <u>4201</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Atherosclerosis</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Wed, 7:00 p.m.</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.			
<b>23a. SIGNATURE OF CASE</b> <u>P. L. Ferguson M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1821 Travis Bldg.</u>	<b>23c. DATE SIGNED</b> <u>Aug. 2, 55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>8-4-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Council Corner</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Weir, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>8-4-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>James J. 138</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>James J. 138</u> ADDRESS <u>Joplin, Mo.</u>	

(License Embalmer's Statement on Reverse Side)

no 37 1955

County File Number  
Date Filed  
AUG 15 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..... *David Dillon*

Licensed Embalmer No. *389*

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