

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41100

State File No.

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

FILED JAN 10 1956

| | | | | | | | |
|--|----------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>563</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. LENGTH OF STAY (In this place) <u>47 yrs.</u> | | c. CITY OR TOWN <u>Joplin</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>212 Byers ave</u> | | | | STREET ADDRESS (If rural, give location) <u>2628 East 4th St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> | | | b. (Middle) <u>Curtis</u> | | c. (Last) <u>Stokes</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1955</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>8-20-1880</u> | | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>75</u> | 10. IF UNDER 14 REG. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fordland, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Alfred Stokes</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Cornelius</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alpha Stokes</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-22-478</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alpha Stokes 2628 East 4th Joplin Mo</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | 19. MEDICAL CERTIFICATION | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> | | | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Myocardial infarcts</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> | | | |
| | | | | 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 <u>4201</u> | | | | 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) (Min.) | | 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>12/26/55</u> to <u>12/27/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/27/55</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. W. H. ...</u> | | | | 23b. ADDRESS <u>521 W. 4th</u> | | 23c. DATE SIGNED <u>1/6/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-30-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1-6-56</u> | | REGISTRAR'S SIGNATURE <u>James B. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Dellow</u> | | ADDRESS <u>Joplin Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 9 1956
Jasper County Health Office

County File Number 56-1-25
Date Filed JAN 9 1956

MAR 12 1959

AUG 20 1958

AUG 7 1958

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 Dellon

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.