FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12003

State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Miami Township
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles west of Miami, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Miami Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 6 miles west of Miami, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Russell
c. (Last): Stockman

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 1, 1913
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 6, Days 19 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Saline County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Richard E. Stockman
13b. MOTHER'S MAIDEN NAME: Mary Jane Deckard
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-12-7929
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Worden Gregory Slater, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Epileptic Seizure — INTERVAL BETWEEN ONSET AND DEATH: Instant

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. Chronic myocarditis — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 3533
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 3-20, 1956, *that I last saw the deceased alive on* 3-18, 1956, *and that death occurred at* 2 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. H. Sullivan M. D.
23b. ADDRESS: Miami, Mo.
23c. DATE SIGNED: 3-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 22, 1956
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): Saline County, Missouri

DATE REC'D BY LOCAL REG.: 3/24/56
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Campbell-Lewis Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1956

JUN 12 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 47

P. O. Address Marshal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.