

Health, Welfare  
Public  
Service

300  
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 23 1956

STANDARD CERTIFICATE OF DEATH

35094

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 276

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Randolph</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moravia</b>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in 1b <b>21 days</b>		a. STATE <b>Iowa</b>		b. COUNTY <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wabash Employes' Hospital</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>8,</b> Year <b>1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>June 19, 1901</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Track Supervisor-Ret'd</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR Co.</b>		11. BIRTHPLACE (City and state or country) <b>Moravia, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Charles Lewis Stockwell</b>				14. MOTHER'S MAIDEN NAME <b>Lanah Elmira Hiner</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>702 -05-6764</b>		17. INFORMANT <b>Hospital Records</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Thrombosis and Hypostatic Pneumonia</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c) <b>Hypertension</b>							<b>4201</b> Years (?)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(a) <b>Evidence of an old posterior infarction and coronary insufficiency</b>							
(b) <b>Cholelithiasis (Cholecystectomy performed 9/20/56)</b>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Sept. 17, 1956</b> to <b>Oct. 8, 1956</b> and last saw <del>him</del> <b>her</b> alive on <b>Oct. 8, 1956</b> Death occurred at <b>8:05 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L. K. McMurry</i> <b>L. K. McMurry, M. D., Surgeon in Charge</b>			22b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>		22c. DATE SIGNED <b>10/8/56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-8-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chillicothe, Mo.</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Mahan and Son, Moberly, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-8-56</b>		26. REGISTRAR'S SIGNATURE <i>Leah Lowe</i>		

(Licensed Embalmer's Statement on Reverse Side)

69-0

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 *Frank V. Dr. Witt*

Licensed Embalmer No. *30*

P. O. Address *Probalg*

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.