

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44662

STATE FILE NUMBER

FILED JAN 28 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Dunklin County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ark</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rector</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial - lwk</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Route # 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Jefferson</u> Middle _____ Last <u>Stokes</u>				4. DATE OF DEATH Month <u>12</u> Day <u>5</u> Year <u>1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2-26-1906</u>		9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Clay Co. Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Crawford Stokes</u>				14. MOTHER'S MAIDEN NAME <u>Mary Ida Franks</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>429-70-6248</u>		17. INFORMANT <u>Mrs Rachel Stokes, Rector, Ark</u> Address _____			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Appendectomy</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>551x</u>							INTERVAL BETWEEN ONSET AND DEATH
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 _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Rector</u>			COUNTY <u>Ark</u>
21. I attended the deceased from <u>Jan 1, 56</u> to <u>12, 5, 56</u> and last saw <u>her</u> alive on <u>12, 5, 56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>O. N. Clifton M.D.</u> (Degree or title)				22b. ADDRESS <u>Rector Ark</u>		22c. DATE SIGNED <u>12, 12, 56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-7-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Heights Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Rector, Arkansas</u>		
24. FUNERAL DIRECTOR <u>Mitchell Funeral Home, Rector, Ark</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan 16, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Leard Husk</u>

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc. must use only standard momentary diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

RECEIVED DUNKLIN COUNTY

DEPARTMENT ..... 1-21

COUNTY FILE NUMBER ..15

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Randal L. Mitchell*

Licensed Embalmer No. *517*

P. O. Address *Sarapona*

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.