

STANDARD CERTIFICATE OF DEATH

State File No. 17970

FILED JUN 4 1957

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 211

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| 1. PLACE OF DEATH a. COUNTY MILLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON | | c. CITY OR TOWN ELDON | |
| c. LENGTH OF STAY (in this place) 3 yrs | | 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 410-W-North | | e. STREET ADDRESS (If rural, give location) 410-W-North | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) EDWARD c. (Last) Stokes | | | 4. DATE OF DEATH (Month) (Day) (Year) April-23-1957 | | |
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| 5. SEX MALE | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH 10 Feb 1882 | | 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
|--------------------|--|-------------------------------|--|---|--|-------------------------------------|--|---|--|---|--|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER- | | | 10b. KIND OF BUSINESS OR INDUSTRY Gen.-Farming | | | 11. BIRTHPLACE (City and State or Foreign Country) Marion Co - Mo | | | 12. CITIZEN OF WHAT COUNTRY U.S. | | |
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| 13a. FATHER'S NAME John - Stokes | | | 13b. MOTHER'S MIDDLE NAME Theressa - Pendleton | | | 14. NAME OF HUSBAND OR WIFE Bertha - Stokes | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME Bertha - Stokes | | ADDRESS ELDON Mo | |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the prostate ANTECEDENT CAUSES metastases Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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| 19a. DATE OF OPERATION NONE | | 19b. MAJOR FINDINGS OF OPERATION NONE | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE | |
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|---|--|--|--|---------------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR NONE | |
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22. I hereby certify that I attended the deceased from **4/20/57**, 19____, to **4/23/57**, 19____, that I last saw the deceased alive on **4/23/57**, 19____, and that death occurred at **2:15 AM** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Scott E. Murrell D.O. | | 23b. ADDRESS ELDON Mo. | | 23c. DATE SIGNED 24 April-57 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 25 April-57 | | 24c. NAME OF CEMETERY OR CREMATORY ELDON | | 24d. LOCATION (City, town, or county) (State) ELDON Mo | |
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| DATE REC'D BY LOCAL REG. April 24/57 | | REGISTRAR'S SIGNATURE Adelberta Walt | | 25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays | | ADDRESS ELDON Mo | |
|---|--|---|--|--|--|-------------------------|--|

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

192

RECEIVED

MAY 31 '57

Miller County
Health Department

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 *Keith M. Kays*.....

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.