Health, Welfare Public Service

300
1-57

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010688
STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home — Length of stay in 1b 8 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maries
c. CITY OR TOWN Bland - R.F.D. 063 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Jefferson Township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle C Last Stockton
4. DATE OF DEATH Month 3 Day 15 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan-19-1896
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) Maries County - Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Tom Stockton
13b. MOTHER'S MAIDEN NAME Clara Marts
14. NAME OF HUSBAND OR WIFE Daisy Stockton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W I
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs Charles Stockton Address Bland - Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Tuberculosis. Pulmonary.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓ 002X

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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☒ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓ 2
20c. TIME OF INJURY Hour a.m. p.m. ✓ Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 3:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. A. Runge, M.D.O (Degree or title)
22b. ADDRESS Bland Mo.
22c. DATE SIGNED 3-17-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-17-1958
23c. NAME OF CEMETERY OR CREMATORY Grove Dale Cemetery
23d. LOCATION (City, town, or county) (State) Maries County - Mo

24. FUNERAL DIRECTOR Sassman Funeral Service ADDRESS Bland Mo C. Sassman
25. DATE RECD. BY LOCAL REG. 3-17-58
26. REGISTRAR'S SIGNATURE A. Maybelle White

(Licensed Embalmer's Statement on Reverse Side)

APR 23 '58

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 Chester Lassmann

Licensed Embalmer No. 4178

P. O. Address Blanchard - 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.