

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-013354
State File No.

Registrar's No. 436

FILED APR 28 1958

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 436
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside borough limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 29 years		c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 2826 Lafayette		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Maurice c. (Last) Stokes		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1883	9. AGE (In years, last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY In drug store	11. BIRTHPLACE (City and State or Foreign Country) Craig, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Wesley Stokes		13b. MOTHER'S MAIDEN NAME Sarah Parker	14. NAME OF HUSBAND OR WIFE Lora Stokes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-09-0407	17. INFORMANT'S SIGNATURE OR NAME Lora Stokes - 2826 Lafayette - St. Joseph, 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) ACUTE YELLOW ATROPH. LIVER INTERVAL BETWEEN ONSET AND DEATH 5 DAYS. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LOBAR PNEUMONIA RT. LUNG 2 MOS. DUE TO (c) TRANSFUSION BLOOD 1 1/2 MOS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 951X		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 46			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 131		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 2/26, 1958, to 4/19, 1958, that I last saw the deceased alive on 4/19, 1958, and that death occurred at 6:10 A.M., from the causes and on the date stated above.				
23a. SIGNATURE John T. Rogers M.D.		23b. ADDRESS 307 High Street Bldg. St. Joe, Mo.		23c. DATE SIGNED 4/23/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & removal	24b. DATE 4/22/58	24c. NAME OF CEMETERY OR CREMATOR New Liberty	24d. LOCATION (City, town, or county) (State) Near Craig, Mo.	
DATE REC'D BY LOCAL REG. April 24, 1958	REGISTRAR'S SIGNATURE Mrs. Clark Sandell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilber L. Scholer - Craig, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Wilber L. Schooner

Licensed Embalmer No. 399

P. O. Address Craig, 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.