

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021442
STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Senath		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Senath 0350
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-way 25 South of Senath		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt.
3. NAME OF DECEASED (Type or print) First Bobby Middle J. Last Stoker		4. DATE OF DEATH Month July Day 2, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) 31
11. BIRTHPLACE (City and state or country) Senath, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Albert Stoker		13b. MOTHER'S MAIDEN NAME Lillie Johnson	
14. NAME OF HUSBAND OR WIFE Naomi Stoker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Naomi Stoker Address Rt. Senath, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Fracture of Skull			INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Was thrown from car after it left road and hit a		
20c. TIME OF INJURY 7:55 p.m. 7-2-58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) telephone pole.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 035 Senath		STATE Dunklin Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clinton Taylor, M.D. (Degree or title) Coroner		22b. ADDRESS Kennett Mo.	22c. DATE SIGNED 7-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/4/58	23c. NAME OF CEMETERY OR CREMATORY Lula	23d. LOCATION (City, town, or county) (State) Senath Missouri
24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath		25. DATE RECD. BY LOCAL REG. 7-7-1958	26. REGISTRAR'S SIGNATURE Mrs. J. H. Lanier

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 23 1958

JUL 17 1958

RECEIVED DUNKLIN COUNTY
DEPARTMENT 7-8-58
COUNTY FILE NUMBER 72

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 Hubert B Baird

Licensed Embalmer No. 4888
P. O. Address Kennett, 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.