

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022904  
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN York		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Powersville, Mo/		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Powersville Mo.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Dora Alma Stoker				4. DATE OF DEATH June 13 1958					
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1879-9-19		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U S			
13. FATHER'S NAME George W. Bates				14. MOTHER'S MAIDEN NAME Rebecca Williams					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Floy Berry Powersville 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) <i>Chronic myocarditis.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Vascular Hypertension</i> DUE TO (c) <i>443X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Arteriosclerosis</i>								INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>15 yrs</i>	
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 Month, Day, Year a. m. p. m.									
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		COUNTY		STATE	
21. I attended the deceased from <i>Mar. 10, 1953</i> to <i>June 13, 1958</i> and last saw her <sup>her</sup> <sub>been</sub> alive on <i>June 13, 1958</i> Death occurred at <i>7:45</i> P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. O. Husted</i> (Degree or title)				22b. ADDRESS <i>D. O. 2 Newtown, Mo.</i>			22c. DATE SIGNED <i>6/14/58.</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<i>Burial</i>		<i>June 17</i>		<i>Powersville, Mo.</i>		<i>Putnam Co. Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>F. O. Husted &amp; Son</i> <i>Unionville Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>7-3-58</i>		26. REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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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.....  
*F. O. Husted*

Licensed Embalmer No. *29*  
P. *W. Miller*

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.