

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036872

STATE FILE NUMBER

1958 OCT 29 1958

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 192

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage (JACKSON)		c. CITY OR TOWN Fair Acres	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fair Acres		d. STREET ADDRESS Carthage	
3. NAME OF DECEASED (Type or print) First Middle Last James A. Stokes		4. DATE OF DEATH Month Day Year Oct. 19, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 22, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine Operator		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Farley, Missouri
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary E. Stokes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address D.D. Stokes, 2101 Pearl, Joplin, 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) Myocarditis, Chronic DUE TO (b) arteriosclerosis Coronary arteries DUE TO (c) and cerebral arteries			INTERVAL BETWEEN ONSET AND DEATH 29 years
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at July 30 '58 to 10-19-58 and last saw her/him alive on Oct 19, 1958 1:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George A. Wood MD		22b. ADDRESS Carthage, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 23, 1958	
23c. NAME OF CEMETERY OR CREMATORY Forest Park		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR Thornhill-Dillon		25. DATE RECD. BY LOCAL REG. 10-23-58	
ADDRESS Joplin, Missouri		26. REGISTRAR'S SIGNATURE Ely Clenton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert C. Hall*

Licensed Embalmer No. *5762*

P. O. Address *Jackson, 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.