

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004858

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Excelsior Springs</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ex. Spgs. Hospital 4 days</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>102 Westview Dr.</u>
3. NAME OF DECEASED (Type or print) First <u>Georgia</u> Middle <u></u> Last <u>Stokes</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 6, 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXX</u>	9. AGE (In years last birthday) <u>50</u>
13a. FATHER'S NAME <u>Osa Nance</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes McCoy</u>	11. BIRTHPLACE (City and state or country) <u>Dahlgren, Ill</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
17. INFORMANT <u>Dr. Julius B. Stokes, Ex. Spgs. MO.</u>		14. NAME OF HUSBAND OR WIFE <u>Julius B. Stokes</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary emphysema obstructive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic pulmonary fibrosis</u> DUE TO (c) <u>Pulmonary Tbc bilateral (arrested)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>002.X</u>			INTERVAL BETWEEN ONSET AND DEATH
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <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 <u>16 Feb 1959</u> , to <u>19 Feb 1959</u> and last saw <u>her</u> alive on <u>2-17-59</u> Death occurred at <u>10:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George E. Sanders MD</u>		22b. ADDRESS <u>Excelsior Springs, Mo.</u>	22c. DATE SIGNED <u>2-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 21, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Schell City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Schell City, MO.</u>
24. FUNERAL DIRECTOR <u>Vergil Hoop</u>	ADDRESS <u>Excelsior Springs, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Baraline Hutchings</u>

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.

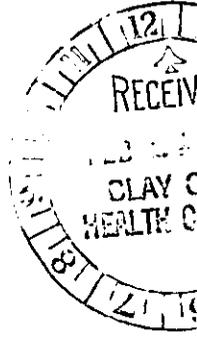
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

FILED FEB 26 1959

APR 7 1959



BUNTS
1959

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 *Chas Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Excelsior Sp*

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.