

FILED VS NOV 23 1959

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416

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		Length of stay in 1b 24 yr	c. CITY OR TOWN Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 630 Bellevue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 630 Bellevue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Horatio Middle S Last Stokes			4. DATE OF DEATH Month Nov Day 15 Year 1959	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-13-1894	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist	10b. KIND OF BUSINESS OR INDUSTRY Drugs	11. BIRTHPLACE (City and state or country) Wartrace Tenn	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME John Stokes	13b. MOTHER'S MAIDEN NAME Fannie Grider	14. NAME OF HUSBAND OR WIFE Anna Stokes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address Mrs Anna Stokes, Cape Gir Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	arteriosclerotic heart disease	
DUE TO (b)	in acute congestive failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 _____
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21. I attended the deceased from **11/14/59** to **11/15/59** and last saw him alive on **11/14/59**
Death occurred at **6 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. K. Kern (Degree or title) MO	22b. ADDRESS Cape Girardeau Mo	22c. DATE SIGNED 11/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-18-1959	23c. NAME OF CEMETERY OR CREMATORY Hollywood Cemetery	23d. LOCATION (City, town, or county) (State) Wartrace Tennessee
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24. FUNERAL DIRECTOR Brinkopf Howell, Cape Gir Mo.	25. DATE RECD. BY LOCAL REG. 11-16-59	26. REGISTRAR'S SIGNATURE Jane Kuster
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 1959 SA

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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Pepe Hill

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.