RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-046534

FILED VS DEC 2 0 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 250

STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage — Length of stay in 1b: 6 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McCune-Brooks hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Jasper
c. CITY OR TOWN: Carthage — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 424 W. Chestnut St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGIA — Middle FLORENCE — Last STOCKWELL

4. DATE OF DEATH: Month Dec. 12, Day 1960, Year

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-8-1885
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Apanoose Co., Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Morgan B. Haver
13b. MOTHER'S MAIDEN NAME: Louisa ?
14. NAME OF HUSBAND OR WIFE: James S. Stockwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Earl Stockwell, Address: 1924 Maple, Carthage, Mo

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)	Cerebral thrombosis c̄ right hemiplegia	3 days
DUE TO (b)	Arteriosclerosis, generalized	2 years
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis obliterans left with gangrene forearm & right foot

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-5-60, to 12-12-60 and last saw her/him alive on 12-12-60
Death occurred at 2:35 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Foster Whetten MD
22b. ADDRESS: Carthage, Mo
22c. DATE SIGNED: 12-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-15-60
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo

24. FUNERAL DIRECTOR — ADDRESS: KNELL MORTUARY, Carthage, Mo
25. DATE RECD. BY LOCAL REG.: 12-15-60
26. REGISTRAR'S SIGNATURE: EM Clinton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert H Knell

Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.