

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040983
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5993 Registrar's No. 145

FILED NOV 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Twsp		Length of stay in 1b 2 years	c. CITY OR TOWN Waynesville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence RR #2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Floyd Middle T Last Stockdale Sr			4. DATE OF DEATH Month Nov Day 5 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (last birthday) 56
11. BIRTHPLACE (City and state or country) Ewing Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Homer Stockdale		13b. MOTHER'S MAIDEN NAME Pamela Graves	
14. NAME OF HUSBAND OR WIFE Margaret Stockdale		17. INFORMANT Address Floyd Stockdale Jr. Waynesville Mo	
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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION 1/2 HR.			INTERVAL BETWEEN ONSET AND DEATH 1/2 HR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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
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.) ✓	
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 Waynesville		COUNTY Pulaski	STATE Mo
21. I attended the deceased from June 1963 to NOV 5, 1963 and last saw ^{her} him alive on NOV 1, 1963 Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John A. Mikalovich (Degree, or title)		22b. ADDRESS DO Crocker, Missouri	
22c. DATE SIGNED 11-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-7-63	
23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Waynesville Pulaski Mo	
24. FUNERAL DIRECTOR'S ADDRESS Moss-Williams Waynesville Mo		25. DATE RECD. BY LOCAL REG. 11-6-63	
		26. REGISTRAR'S SIGNATURE [Signature]	

1963 NOV 14

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 Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waynesville, NC

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.