

CERTIFICATE OF DEATH

Registration District No. 11 Primary Registration District No. 5039 Registrar's No. 54

DO NOT WRITE ON THIS STUD

9. 0
 10a. 49
 10b. 4.0050
 11. 1
 12. 3
 13. X8120
 14. 6.0050
 15. 9
 16. 35
 17. 005
 18. 3
 19. CREDITS
 20. 1-0

VS 300
 Rev. 1/70

4.0050
 5. 91
 6.0050

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST
 Francis Howard STOCKTON

2. SEX
 Male

3. DATE OF DEATH (MONTH, DAY, YEAR)
 June 6, 1970

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)
 White

5. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS
 49

6. UNDER 1 YEAR UNDER 1 DAY
 7. DATE OF BIRTH (MONTH, DAY, YEAR)
 Aug. 19, 1920

8. COUNTY OF DEATH
 Barry

9. CITY, TOWN, OR LOCATION OF DEATH
 Hwy. 37 & Junction

10. INSIDE CITY LIMITS (SPECIFY YES OR NO)
 No

11. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
 Hwy. 37 & Junction W

12. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)
 Kansas

13. CITIZEN OF WHAT COUNTRY
 U.S.A.

14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 Divorced

15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

16. SOCIAL SECURITY NUMBER
 706-09-8342

17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
 Mechanic

18. KIND OF BUSINESS OR INDUSTRY

19. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION
 Missouri Barry Exeter

20. INSIDE CITY LIMITS (SPECIFY YES OR NO)
 No

21. STREET AND NUMBER
 Route # 1

22. FATHER—NAME FIRST MIDDLE LAST
 George Stockton

23. MOTHER—MAIDEN NAME FIRST MIDDLE LAST
 Inez Loving

PARENTS

24. INFORMANT—NAME
 Inez Richardson

25. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 Box 193-Stella, Mo. 64867

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

26. IMMEDIATE CAUSE

(a) Severe Head Injury

(b) 100% Burns

(c)

27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 Inst.

28. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

29. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
 Accident

30. DATE OF INJURY (MONTH, DAY, YEAR)
 June 6 1970

31. HOUR
 10:30 A.M.

32. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART IV OF PART II, ITEM 18)
 Car - Gas Transport Collision

33. IN INJURY AT WORK (SPECIFY YES OR NO)
 NO

34. PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
 Hwy. 37

35. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
 Sect. 37 & W at Butterfield

36. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
 YES NO UNKNOWN

BURIAL

37. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR

38. I DID NOT VIEW THE BODY AFTER DEATH. MONTH DAY YEAR

39. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. MONTH DAY YEAR

40. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. MONTH DAY YEAR

41. HOUR OF DEATH
 10:30 A.M.

42. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR

43. HOUR
 10:50 A.M.

44. CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
 Doyle E. Williams
 Doyle E. Williams, M.D.
 June 8, 1970

45. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 1708 Mill Cassette, Mo. 65625

46. BURIAL, CREMATION, REMOVAL (SPECIFY)
 Burial

47. CEMETERY OR CREMATORY—NAME
 Maplewood

48. LOCATION CITY OR TOWN STATE
 Exeter Missouri

49. DATE
 June 9, 1970

50. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 Queen Funeral Home-Box 287-Wheaton, Mo. 64874

51. FUNERAL DIRECTOR—SIGNATURE REGISTRY—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
 Lonnie Plummer Grace Williams 6-8-1970

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUN 18 1961

JUN 18 1961

Burial permit obtained 6-8-70

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 Lennie E. Plumlee

Licensed Embalmer No. 5491

P. O. Address Wheaton, 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.