

JAN 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

45369  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2001  
 (c) City Springfield (d) Street No. St. Johns Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Lee Stone

(a) Residence, No. \_\_\_\_\_ St.  Reed Springs Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10-1936  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
✓ 1 9 28  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County Missouri

FATHER 13. NAME Clarence Stone  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County Missouri  
 MOTHER 15. MAIDEN NAME Nellie Carr  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County Missouri

17. INFORMANT Ernest Stone  
 (ADDRESS) Cape Fair Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Fair Mo. DATE Dec, 9  
 19. FUNERAL DIRECTOR King Funeral Home  
 (ADDRESS) Aurora Mo.  
 20. FILED Dec 9 1937 Chas. George  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1937, to Dec. 7, 1937.  
 I last saw h. in alive on Dec. 7, 1937. Death is said to have occurred on the date stated above, at 1.45A. M.  
 The principal cause of death and related causes of importance were as follows:

F. B. s. St. Francis Date of onset \_\_\_\_\_  
1070  
 Other contributory causes of importance: Pneumonia Bronchial

Name of operation Proctectomy Date of 12-4-37  
 What test confirmed diagnosis F. B. s. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify no.  
 (Signed) W. L. Smith, M. D.  
 (Address) 600 med. Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3072 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Herman Surridge*

Licensed Embalmer No. 3072

**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.)**