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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22624

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 170

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1418 St. Marys Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No.: 1418 St. Marys Blvd. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: A. W. Stone
3. (b) If veteran, name war: no
3. (c) Social Security No.: 490-09-5091
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mayme
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: April 18, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	3	3	..... hr. ..... min.

9. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Street Dept.
11. Industry or business .....
FATHER
12. Name: John W. Stone
13. Birthplace: Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name: Sarah Ann Gan
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant: Mrs Mayme H. Stone
(b) Address: Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Victor Buescher
(b) Address: Jefferson City, Mo.
19. (a) 7-21-48 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature) LX NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct. 6, 1947, to January 21, 1948; that I last saw him alive on July 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Tongue with metastases to regional glands in neck, left side, and brain (medulla) with respir. failure	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Had 3 wks X ray therapy to tongue and metast at Columbia Cancer	
Of autopsy: Hosp. 45B	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: Theodore S. Wittels (M. D. or other)
Address: 125 E. High St. Date signed: July 21 48

Jefferson City Printing Co. 0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 30 1948

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.