

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9381

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Putnam MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stonbury 4 mi. N. of J. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bradford Nursing Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Francis</u> c. (Last) <u>ARMY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W-</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 25 - 1858</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Colonel</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Monuel Lafor</u>	9. AGE (In years last birthday) <u>90</u>	11. BIRTHPLACE (State or foreign country) <u>New York City</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>John N. Army</u>		
13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF DECEASED'S WIFE <u>Elyahed Stone</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>(70)</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. L. L. Paul</u>		ADDRESS <u>Stonbury MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 1/2"</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Nov 4, 1948</u> to <u>Nov 19, 1949</u> ; that I last saw the deceased alive on <u>Nov 17, 1949</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. E. Wallace</u> (Degree or title)		23b. ADDRESS <u>M. D. Burlington Putnam MO</u>	
23c. DATE SIGNED <u>3/19/49</u>			
24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Arlwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph MO</u>	
DATE REC'D BY LOCAL REG. <u>3-26-49</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u> 229	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Montoye</u>		ADDRESS <u>Stonbury MO</u>	

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

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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.~~

Signed Latoy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneman Md

Signed.....
Student Embalmer

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.