

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11974

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rivers Road</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rivers rural</u>	
c. LENGTH OF STAY (If this place) <u>8</u>		35	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-49</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>3-1-1940</u>		9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>30</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Rivers rural</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>J.E. Stone</u>			13b. MOTHER'S MAIDEN NAME <u>Eula Mae Jackson</u>			14. NAME OF HUSBAND OR WIFE <u></u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Jackson</u>				ADDRESS <u>Hemondale</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>						2 yrs	
		DUE TO (c) <u></u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/6x</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-16, 1949, to 1-21, 1949, that I last saw the deceased alive on 1-19, 1949, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>X. R. A. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>X. 1215. Broadway. Albertville, Ala</u>		23c. DATE SIGNED <u>3-6-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Rivers Mo</u>	
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DATE REC'D BY LOCAL REG. <u>4-11-49</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinschire</u> <u>86</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS	
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RECEIVED

District Health Office No.

District File Number 449-47

Date Filed 4-18-47

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 John G. German

Signed _____
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.