

THE DIVISION OF HEALTH OF MISSOURI  
 FILED APR 20 1949 STANDARD CERTIFICATE OF DEATH

State File No. **13179**

BIRTH NO. _____		REG. DIST. NO. <b>227</b>		PRIMARY REG. DIST. NO. <b>4339</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MO.</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>		c. LENGTH OF STAY (in this place) <b>54 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SEMINARY ST.</b>				d. STREET ADDRESS (If rural, give location) <b>SEMINARY ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LETA</b>		b. (Middle) <b>STONE</b>		c. (Last) <b>THOMAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 7 1949</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAR. 3, 1882</b>	
9. AGE (In years last birthday) <b>67</b>		10. MONTHS <b>1</b>		11. BIRTHPLACE (State or foreign country) <b>MONROE CO., MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>ROBERT STONE</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN ARNOLD</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH THOMAS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Stella S. Sweet,</b> ADDRESS <b>PARIS, MO.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary-arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>N-17</b>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>PARIS MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>APR. 5, 1949</b> , to <b>APR. 7, 1949</b> , that I last saw the deceased alive on <b>APR. 7, 1949</b> , and that death occurred at <b>3 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wollis Christman, D.O.</b>				23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>4-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 10, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>PARIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>4-9-49.</b>		REGISTRAR'S SIGNATURE <b>Elbert Baker</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Speed &amp; Blakely</b>		ADDRESS <b>PARIS, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1951

APR 21 1949

RECEIVED

District Health Officer No. 10

District File No. 241-1549-608

Date Filed APR 9 1949

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 \_\_\_\_\_  
Student Embalmer

Signed *E. H. Agnew* \_\_\_\_\_

Licensed Embalmer No. 4000

P. O. Address. Paris, Missouri.

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.