

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20614

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONVILLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERLY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u>	
c. LENGTH OF STAY (If this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>215 EAST SNEED ST 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>	b. (Middle) <u>E.</u>	c. (Last) <u>STONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE - 19 - 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 6 - 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	IF UNDER 24 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>POULTRY BUSINESS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>POULTRY</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Eudora Mc Muckey</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.W. Stone</u>	ADDRESS <u>Centralia, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>9999</u>
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Arterio Sclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intraventricular conduction Auricular Fibrillation.</u>		<u>4200</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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) (m.)	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 Mar 24, 1948, to June 19, 1949, that I last saw the deceased alive on June 18, 1949 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. S. Fleming</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Moberly, Missouri</u>	23c. DATE SIGNED <u>June 20</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CENTRALIA</u>	24d. LOCATION (City, town, or county) (State) <u>CENTRALIA, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-21-49</u>	REGISTRAR'S SIGNATURE <u>Peas Shetterline</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James P. Ballou</u>	ADDRESS <u>Centralia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STONE & TOWN

RECEIVED

District Health Officer

District File Number 16-49

Date Filed JUN 27 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 Paul J. Baller

Licensed Embalmer No. 4206

P. O. Address Centralia, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.