

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29374

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1017

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 50 yrs.		d. STREET ADDRESS (If rural, give location) 705 Paudleton Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 705 Paudleton Street		d. STREET ADDRESS (If rural, give location) 705 Paudleton Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Benjamin	b. (Middle) Franklin	c. (Last) Stone	(Month) 9	(Day) 16	(Year) 1949

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5 21 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 Wk. Hours	IF UNDER 1 Wk. Mins.
-------------	------------------------	--	----------------------------	------------------------------------	------------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Cutting Dept.	10b. KIND OF BUSINESS OR INDUSTRY Swift Packing Co.	11. BIRTHPLACE (State or foreign country) Weston W. Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	---	---	--------------------------------------

13a. FATHER'S NAME Men Stone	13b. MOTHER'S MAIDEN NAME Nancy Hawkins	14. NAME OF HUSBAND OR WIFE Anna Barker Stone
------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Blyck - 705 Paudleton	ADDRESS
---	------------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			4:20

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW-BID INJURY OCCUR? none
--	---	---------------------------------

22. I hereby certify that I attended the deceased from 10 Sept 1949 to 16 Sept 1949, that I last saw the deceased alive on 16 Sept 1949 and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 19 Sept 49
--	------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-19-1949	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
--	---------------------	---	---

DATE REC'D BY LOCAL REG. 10/20/1949	REGISTRAR'S SIGNATURE E. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. [Signature]	ADDRESS St. Joseph, Mo.
-------------------------------------	---	---	-------------------------

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

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..... *Wm. H. Alexander*

Signed.....
Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph, 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.