

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30011

State File No. ....

FILED SEP 20 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5509 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Deercreek Twp</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	4c. CITY (If outside corporate limits, write RURAL and give township) FOR TOWN <u>Calhoun Rural - Deercreek Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles N. E of Lewis State</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SEYMOUR</u>	b. (Middle) <u>SHELBURN</u>	c. (Last) <u>STONE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept 13 1949</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April-3-1860</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>10</u>	IF UNDER 1 HR. Hours <u></u>	IF UNDER 15 MIN. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Henry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Seymour Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Ann Bass</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>Paul Stone</u>	ADDRESS <u>Calhoun 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/10X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1949 to Sept 13, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold M.D.</u>	23b. ADDRESS <u>Windsor Mo</u>	23c. DATE SIGNED <u>9/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sand Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 15 49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. ...</u>	ADDRESS <u>Clinton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No

District File Number 8-49-11

Date Filed 9-19-11

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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.

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

Signed \_\_\_\_\_

Licensed Embalmer No. 4540

P. O. Address Clinton, 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.