

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 306

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 14

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) life		d. STREET ADDRESS (If rural, give location) 913 Mitchell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 913 Mitchell			

3. NAME OF DECEASED a. (First) Geraldine b. (Middle) May c. (Last) Stoneburner			4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1950			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 3, 1925	9. AGE (in years last birthday) 24	10. IF UNDER 1 YEAR Months 1	11. IF UNDER 12 HRS. Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Eddie Stoneburner	13b. MOTHER'S MAIDEN NAME Gertrude Wimsett	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Edwin B. Stoneburner, St. Joseph, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFLUENZA		INTERVAL BETWEEN ONSET AND DEATH 7 DAYS  19 YRS  334X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL PALSY		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 5, 1950, to JAN. 6, 1950, that I last saw the deceased alive on JAN. 5, 1950, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Allen S. Herman M.D.	22b. ADDRESS St. Joseph, Mo. 620 FRANCIS ST.	22c. DATE SIGNED 1-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/9/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Jan. 11, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 0 Keaton-Burman Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

D. A. N. Newman

**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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10<sup>th</sup> 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.