

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Millam</u>		c. CITY OR TOWN <u>Millam</u> <u>1050</u>	
c. LENGTH OF STAY (in this place) <u>30413</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Almeron</u> b. (Middle) <u>James</u> c. (Last) <u>Stone</u>	4. DATE OF DEATH (Month) <u>8</u> (Day) <u>20</u> (Year) <u>50</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-1-1858</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 1 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High School instructor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	
11. BIRTHPLACE (State or foreign country) <u>Green Top Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James L. Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Almena Dodge</u>	
14. NAME OF HUSBAND OR WIFE <u>Elzerna Stone (decd)</u>			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Stone</u>		ADDRESS <u>Chicago, Ill.</u>	
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) <u>senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>large prostate</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Aug 13, 1950</u> , to <u>Aug 20, 1950</u> , that I last saw the deceased alive on <u>Aug 16, 1950</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Montgomery, M.D.</u> (Degree or title)		23b. ADDRESS <u>Millam Mo.</u>	
23c. DATE SIGNED <u>8-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Schell</u>		ADDRESS <u>Millam Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 1-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	

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

050
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SEP 12 1950

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1422
Date Filed: SEP 7 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed: *Dwight Schaefer*

Signed.....
Student Embalmer

Licensed Embalmer No. 2667

P. O. Address *Melvin - 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.