

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33292

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>4200</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>		c. LENGTH OF STAY (In this place) <u>Life Time</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main Street</u>				d. STREET ADDRESS (If rural, give location) <u>Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dewey</u> b. (Middle) <u>Claude</u> c. (Last) <u>Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14 1899</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick Andrew Stone</u>			13b. MOTHER'S MAIDEN NAME <u>Suzie Amy Coble</u>		14. NAME OF HUSBAND OR WIFE <u>Theo Kathryn Stone</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leon A Stone</u> ADDRESS <u>Ash Grove, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Debility and Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Bronchiogenic Carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
19a. DATE OF OPERATION <u>Sept 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma Rt. Lung. Barnes Hosp. St. Louis, Mo.</u>						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) m.		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>June 1947</u> to <u>Nov 5 1950</u> , that I last saw the deceased alive on <u>Nov 5 1950</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas F. Matz</u> (Degree or title) <u>dfo.</u>				23b. ADDRESS <u>Ash Grove, Mo</u>		23c. DATE SIGNED <u>Nov 6 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 8 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/8/50</u>		REGISTRAR'S SIGNATURE <u>Orville H. Wilson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Birch</u> ADDRESS <u>Ash Grove</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Greene County Health Office,

County File Number 50-11-56

Date Filed 11-13-50

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

Richard E. Watts

Licensed Embalmer No. # 4652

P. O. Address Oak Grove, 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.