

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41305**

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 158	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) 30 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		d. STREET ADDRESS (If rural, give location) 219 W. Culton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hospital				3. NAME OF DECEASED a. (First) John b. (Middle) D. c. (Last) Stoneking			
4. DATE (Month) (Day) (Year) OF DEATH December 25, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH February 10, 1913		9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Section		11. BIRTHPLACE (State or foreign country) Petersburg, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John D. Stoneking		13b. MOTHER'S MAIDEN NAME Grace Lotta Phelps		14. NAME OF HUSBAND OR WIFE Elsie Ruth Stoneking	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. 702-10-9314		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Ruth Stoneking Warrensburg, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries & shock following automobile accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H				INTERVAL BETWEEN ONSET AND DEATH 2-24 3-2	
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.) 10 mi north on #13		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Johnson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 23 1950 10:45		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from at request to only , 19____, that I last saw the deceased alive on 12-26 , 1950, and that death occurred at 11:00 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kelly Rowlin M.D.				23b. ADDRESS Holden Mo		23c. DATE SIGNED 12/26/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-50		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. Dec 26, 1950		REGISTRAR'S SIGNATURE Saravona		25. FUNERAL DIRECTOR'S SIGNATURE W. B. ...		ADDRESS Warrensburg, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
0512
0

JAN 25 1951

FEB 12 1951

JAN 18 1951

RECEIVED
JAN 4 1950
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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 me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. A. Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.