

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 627
Registrar's No. 30

No. 300
10-48

FILED FEB 6 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1822 West Main St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> d. STREET ADDRESS (If rural, give location) <u>1822 West Main St.</u>	
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3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Annie</u> c. (Last) <u>Stone</u> (Type or Print) <u>Sarah Annie Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3, 1951</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 17, 1976</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>	IF UNDER 48 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (State or foreign country) <u>Cole Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Andrew J Kingery</u>	13b. MOTHER'S MAIDEN NAME <u>Elicebeth Gan</u>	14. NAME OF HUSBAND, OR WIFE <u>William Thomas Stone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Stone Jefferson City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u> </u>
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	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) _____
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 3/3, 1950, to 2/2, 1951, that I last saw the deceased alive on 2/2/51, 19 , and that death occurred at 5:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Conkle MD</u>	23b. ADDRESS <u>Jefferson City, Missouri</u>	23c. DATE SIGNED <u>2/3/51</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 3-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Darris MD - RR</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buesch Jefferson City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED *25-51*

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed *2-5-51*

APR 20 1953

OCT 21 1957

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. *389*

Signed *Billy Lloyd Sheppard*
Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City, 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.