

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12435

State File No. ....

0470  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Ascadia</u>		c. LENGTH OF STAY (In this place) <u>5 yrs 6 mos 3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Ascadia</u>		0470	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>The Home for aged Baptists</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mile East on Highway 70</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Caroline</u> c. (Last) <u>Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1951</u>				
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>April 24, 1877</u>	
9. AGE (If years last birthday) <u>73</u>		10. UNDER 1 YEAR (Months) <u>11</u>		11. UNDER 18 HRS. (Days) <u>26</u>		9. AGE (If years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>her home</u>		11. BIRTHPLACE (State or foreign country) <u>Ballinger County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Pedrick J. Yount</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy C. Williams</u>		14. NAME OF HUSBAND OR WIFE <u>N. B. Stone</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. B. Husney, Ironton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>+ days</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480 X</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) (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>4-17</u> , 19 <u>51</u> , to <u>4-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>51</u> , and that death occurred at <u>11:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. E. Farland, M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>4-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>		24d. LOCATION (City, town, or county) (State) <u>Bessville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Miss Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton</u>	

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RECEIVED

APR 26 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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

*Lyle H. White*

Licensed Embalmer No.

*4295*

P. O. Address

*Clinton, 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.