

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22341**

BIRTH NO. 42632-57 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 280

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u> <u>1000</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GAIL</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>STONE</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>30</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 30, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Days <u>14</u> Hours <u>30</u> Min. <u>---</u>
11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>John H. Stone Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Frances Cook</u>	14. NAME OF HUSBAND OR WIFE <u>---</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>Nona</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Melvin Cook</u>
		ADDRESS <u>Forn felt, 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, asphyxia, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis with Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Increased Intracranial Pressure</u> DUE TO (c) <u>Childhood</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 <u>7600</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)	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 July 30, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 12:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Newell</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>105 S. Spanish Cape Girardeau</u>	23c. DATE SIGNED <u>Aug. 8, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 31, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hightner</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>

DATE REC'D BY LOCAL REG. <u>8-8-51</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	ADDRESS <u>Funeral Home Illmo, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Oliver Clemens

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.