

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27216

3481

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 3029 Park Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3029 Park Avenue			

3408

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Carl c. (Last) STONE			4. DATE OF DEATH (Month) (Day) (Year) August 13, 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR		11. BIRTHPLACE (State or foreign country) Franklyn, Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Green M. Stone	13b. MOTHER'S MAIDEN NAME Amanda F. Elliott	14. NAME OF HUSBAND OR WIFE Susie Alice Stone
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 702-18-4342	17. INFORMANT'S SIGNATURE OR NAME Mrs. Susie Stone	ADDRESS 3029 Park Ave., K.C., Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>(b) Coronary Aorta</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(a) Myocarditis</i>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <i>Aorta spiculated few days.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>241X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 11-21-50, to 8-12-51, that I last saw the deceased  alive on 8-1-51, 1951, and that death occurred at 1:22 pm. from the causes and on the date stated above.

23a. SIGNATURE B. Atcheson	(Degree or Title)	23b. ADDRESS 3850 Prospect	23c. DATE SIGNED 8-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-13-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Auburn, Kentucky
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DATE REC'D BY LOCAL REG. 8-14-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*examination*

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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 *W. W. Kirshendall*

Licensed Embalmer No. *4632*

P. O. Address *K. C. 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.