

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41038**  
Registrar's No. **91**

**FILED DEC 31 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **5301**

1250

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission).		
a. COUNTY <b>Clinton</b>			a. STATE <b>MO</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shel (Rural)</b>			b. COUNTY <b>Clinton</b>		
c. LENGTH OF STAY (in this place) <b>3 hrs.</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cameron 0250</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles South of Cameron</b>			d. STREET ADDRESS (If rural, give location) <b>2.15 Center St.</b>		
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Edward</b>			b. (Middle) _____		
c. (Last) <b>Stone</b>			Month <b>12</b> Day <b>16</b> Year <b>51</b>		
<b>5. SEX</b> <b>MO</b>		<b>6. COLOR OR RACE</b> <b>W</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>Nov 13 - 1881</b>		<b>9. AGE (In years last birthday)</b> <b>70</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>South Dakota</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farmers</b>	
<b>13a. FATHER'S NAME</b> <b>Andrew Stone</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>No record</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Maudie Stone</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Maudie Stone</b>	
<b>18. CAUSE OF DEATH</b>		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			<b>Sudden</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		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.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b>
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>	
				<b>4201</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b>		<b>21f. HOW DID INJURY OCCUR?</b>	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>22. I hereby certify that I attended the deceased from 1947, 19, to 1951, 19, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>J. P. Keeney, D.M.S.</b>			<b>23b. ADDRESS</b> <b>Cameron, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12-21-51</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>12-19-51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Grace Land</b>	
<b>24d. LOCATION (City, town, or county)</b> <b>Cameron, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wm. J. Moore</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>12-22-51</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Wm. J. Moore</b>		<b>ADDRESS</b> <b>2.15 Center St. Cameron</b>	



**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 \_\_\_\_\_

Licensed Embalmer No. 4777

P. O. Address 222 West 1st St  
Cameron 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.**