

6801

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1038**

FILED FEB 27 1952

318

1003

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 1038					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u> <u>0360</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R.# 4</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u>			b. (Middle) <u>ROBERT</u>			c. (Last) <u>STONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>30</u> <u>52</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-16-1902</u>		9. AGE (In years last birthday) <u>49-48</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg.</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Fred Stone</u>				13b. MOTHER'S MAIDEN NAME <u>Henrietta Meyers</u>				14. NAME OF HUSBAND OR WIFE <u>Ellen</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Stone</u> ADDRESS <u>Pacific, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE HEPATIC INSUFFICIENCY</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 MONTH</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CIRRHOSIS OF LIVER</u>								1 YEAR	
				DUE TO (c) _____									
				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 checked="" type="checkbox"/> NO <input 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR <u>5810</u>							
22. I hereby certify that I attended the deceased from <u>1/24</u> , 19 <u>52</u> , to <u>1/30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/30</u> , 19 <u>52</u> , and that death occurred at <u>5:00 P.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>C. E. Vermillion, M.D.</u>						23b. ADDRESS <u>Barnes Hosp.</u>				23c. DATE SIGNED <u>1/31/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cem.</u>				24d. LOCATION (City, town, county) (State) <u>Pacific, Mo</u>					
DATE REC'D BY LOCAL REG. <u>FEB 2 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Shiebes Funeral Home</u> ADDRESS <u>Pacific Mo</u>							

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

APR 22 1952

POST T I N O F

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 E Morris

Licensed Embalmer No.

3360

P. O. Address

St. Louis, 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.