

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19536**

**FILED** JUL 5 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 702

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>LATHROP</u>	<u>0250</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. M. Hosp T</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>STONUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>FEB 24, 1870</u>	9. AGE (If years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	11. BIRTHPLACE (State or foreign country) <u>ELMIRA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John STONUM</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH PORTER</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married.</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. O. STONUM LATHROP 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture. Comminuted Rt Humerus 10 days</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Heart Disease Unknown</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9027 21</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>131</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 23 1952</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Being pushed to bed</u>

22. I hereby certify that I attended the deceased from June 1, 1952, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at EBORTA, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Isaac J. Seeloney M.D.</u>	23b. ADDRESS <u>St Joseph MO</u>	23c. DATE SIGNED <u>6-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>LATHROP MO</u>		

DATE REC'D BY LOCAL REG. <u>July 3, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMOSS CRUNK CAMERON MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Harold L. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lechro, Ind*

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.