

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33467**

FILED OCT 4 1952

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **8642**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Sugarloaf Township 8120</i>	
c. LENGTH OF STAY (If this place) <i>7-2-7-13</i>		d. STREET ADDRESS (If rural, give location) <i>E. Carondelet, Illinois Road</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hosp.</i>			
3. NAME OF DECEASED a. (First) <i>Mrs. Marie</i> b. (Middle) <i>---</i> c. (Last) <i>Stone</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 13 52</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 13, 1919</i>
9. AGE (In years last birthday) <i>32</i>		10. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Bush, Illinois 1</i>
12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>			
13a. FATHER'S NAME <i>Gline Grissom</i>		13b. MOTHER'S MAIDEN NAME <i>Beessie Cutrell</i>	14. NAME OF HUSBAND OR WIFE <i>Mr. Orville Stone</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Orville Stone</i> ADDRESS <i>Box 725 Dupo Illinois</i>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>neuroleptic psychosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Collapsed left Lung</i> 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>6000</i>
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4</i> P. Standard time, _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. B. [unclear]</i>		23b. ADDRESS <i>Mo. Pacific Hosp.</i>	23c. DATE SIGNED <i>9-15-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>Sept. 13, 52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>local</i>
24d. LOCATION (City, town, or county) (State) <i>Dupo, Illinois</i>			
DATE REC'D BY LOCAL REG. <i>SEP 15 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold [unclear]</i>		ADDRESS <i>Dupo, Illinois</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 David A. Rasmussen

Licensed Embalmer No. 4621

P. O. Address Superior, Ill.

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.