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OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35812

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 1313

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hollaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marxville Mo</u>		c. CITY (If inside corporate limits, write RURAL and give township) OR TOWN <u>Steenwood Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		10740	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Harlington</u> c. (Last) <u>Stoneburner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 24-1873</u>		9. AGE (In years last birthday) <u>78</u> Months <u>0</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus Ohio</u>	
13a. FATHER'S NAME <u>Levi Stoneburner</u>			13b. MOTHER'S MAIDEN NAME <u>Marry Jane MacBatey</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Stoneburner</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Jennie Stoneburner</u> ADDRESS <u>Steenwood Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis with</u>			with brain
		DUE TO (c) <u>neck fracture of femur</u>			<u>3 wks</u>
		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 <u>331XF</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-19, 1952, to 10-3, 1952 that I last saw the deceased alive on 10-3, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Bloomer</u>		23b. ADDRESS <u>Marxville Mo</u>		23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Steenwood Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		ADDRESS <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		26. _____	

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 John Andrews Student Embalmer No. _____ working under my personal supervision.

Student Student Embalmer

Signed John Andrews Licensed Embalmer No. 4211 P. O. Address Grant City 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.