No. 300
10.48

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39479

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5261 Registrar's No. 50

640
4

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammyra
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maple Lawn Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palmyra 0640
d. STREET ADDRESS (If rural, give location): Maple Lawn Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Lesley
c. (Last): Stone

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 10, 1873
9. AGE (In years last birthday): 79 — If under 1 year: Months 5, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (City and State or Foreign Country): Cass County Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Peter H. Stone
13b. MOTHER'S MAIDEN NAME: Francis A Boys
14. NAME OF HUSBAND OR WIFE: Ruby Lee Stone (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Tom Lane Hannibal Missouri — ADDRESS

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): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
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: 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1950, *to* _____, 1952, *that I last saw the deceased alive on* Aug, 1952, *and that death occurred at* 1:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wyeth Hamlin M.D. 0
23b. ADDRESS: Palmyra Mo.
23c. DATE SIGNED: 8 Nov 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 10/21/52
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 11/13/52
REGISTRAR'S SIGNATURE: Dr. E. M. Leeds By Viola Geer, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Crawford Smith — ADDRESS: Hannibal Missouri

189-1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 18 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 1952

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 N. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal Missouri

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.