

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4944

State File No. ....

LED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>214</u>
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>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>		
c. LENGTH OF STAY (in this place) <u>4 mos 5 days</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #4 St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>Clauche</u> c. (Last) <u>Stoneburner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 13, 1890</u>	9. AGE (In years last birthday) <u>63</u> 10. MONTHS <u>0</u> 11. DAYS <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>America</u>				
13a. FATHER'S NAME <u>Charles Kinnett</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin R. Stoneburner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Miss V</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwin R. Stoneburner</u> ADDRESS <u>St Joseph RR 4</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Brain hemorrhage left side</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Paralysis &amp; treatment in 1938+</u>		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Psychosis</u>		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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?
22. I hereby certify that I attended the deceased from <u>2-12</u> , 1953, to <u>2-17</u> , 1953 that I last saw the deceased <u>alive</u> on <u>2-12</u> , 1953, and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>State Hospital #2</u>		23c. DATE SIGNED <u>2-13, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 14 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Feb 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Case</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home - St Joseph, Mo</u> ADDRESS

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

APR 1 1953

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Charles E. Bennett* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4677* .....

P. O. Address *St. Joseph 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.