

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10815

State File No.

LED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>PREM. SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PREM. SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI MISSOURI</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COTTENWOOD POTOMIT 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PREM SCOTT COUNTY HOSPITAL</u>		d. STREET ADDRESS <u>ON 334828TH RD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u>	b. (Middle)	c. (Last) <u>STONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>May 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>DO NOT KNOW</u>	13b. MOTHER'S MAIDEN NAME <u>DO NOT KNOW</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis - Hemorrhage</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>Senility</u> DUE TO (c) <u>Hypertension</u>		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-3, 1953, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Coker M.D.</u> (Degree or title)	23b. ADDRESS <u>Hayti Mo</u>	23c. DATE SIGNED <u>3-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 12 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UPPER COOTER</u>	24d. LOCATION (City, town, or county) (State) <u>COOTER MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-18-53</u>	REGISTRAR'S SIGNATURE <u>John H. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Funeral Home</u> ADDRESS <u>Raytown Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

3-98-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 23 1953

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.....
Student Embalmer

Signed

Jos. R. Storrall

Licensed Embalmer No. *3100*

P. O. Address *Blytheville*

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.