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

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18681**
Registrar's No. **56**

FILED MAY 26 1953

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-FRANKLIN		c. LENGTH OF STAY (In this place) 27 days		c. CITY (If outside corporate limits, write RURAL and give township) Eldon-FRANKLIN			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hill Eldon Osteopathic Sanatorium				d. STREET ADDRESS (If rural, give location) Hmi. S-E-ELDON			
3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) ELMER c. (Last) Stone			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1953				
5. SEX M.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Febr 13-1901	
9. AGE (In years last birthday) 52		10. MONTHS 0		11. IF UNDER 1 YEAR Days 0		12. IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SON-FARMING		11. BIRTHPLACE (State or foreign country) Idria Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Stone		13b. MOTHER'S MAIDEN NAME Augusta Crane		14. NAME OF HUSBAND OR WIFE MAE-STONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MAE-STONE ADDRESS ELDON MO			
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) Uremia					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemia					
		DUE TO (c) Tularemia					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute brain syndrome					
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE				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.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE			
22. I hereby certify that I attended the deceased from April 13, 1953 to May 9, 1953 , that I last saw the deceased alive on May 9, 1953 , and that death occurred at 2:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE H. H. Hagle, M.D. (Degree or title)				23b. ADDRESS Macon Mo		23c. DATE SIGNED May 9, 1953	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE 14 MAY 53		24c. NAME OF CEMETERY OR CREMATORY Tuscumbia		24d. LOCATION (City, town, or county) (State) Tuscumbia - MO	
DATE REC'D BY LOCAL REG. 5/9/53		REGISTRAR'S SIGNATURE Keith M. Neely		25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Neely		ADDRESS ELDON MO	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 5-53703
Date Filed 5-23-53

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

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.