

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20533**

FILED MAY 23 1953

BIRTH NO. _____		REG. DIST. NO. <b>367</b>		PRIMARY REG. DIST. NO. <b>6034</b>		Registrar's No. <b>27</b>	
1. PLACE OF DEATH a. COUNTY <b>WARREN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Randolph</b>			
b. CITY OR TOWN <b>Elkhorn Twp. - 5mi West</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Moberly</b>		d. STREET ADDRESS (If rural, give location) <b>514 Franklin Ave</b>	
3. NAME OF DECEASED a. (First) <b>HAROLD</b> b. (Middle) <b>LEE</b> c. (Last) <b>STONE</b>				4. DATE OF DEATH (Month) <b>May</b> (Day) <b>27</b> (Year) <b>53</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 11 1917</b>	
9. AGE (In years last birthday) <b>35</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Fruit Producer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Moberly Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Jesse B Stone</b>			13b. MOTHER'S MAIDEN NAME <b>Dolly Wilson</b>			14. NAME OF HUSBAND OR WIFE <b>Eilene Stone</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Wald Peters</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. B. Stone</b>		ADDRESS <b>Moberly Mo</b>	
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) <b>Crushed skull</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b) <b>overtuning of tractor trailer</b> DUE TO (c) <b>no other car involved</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Inquest Pending</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident Highway #40</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rural Warren Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Moberly Warren Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 7 1953 @ m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Overtuning of tractor trailer</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE <b>D. F. H. Sniggle</b> (Degree or title) <b>Cornor</b>				23b. ADDRESS <b>Warrenton Mo</b>		23c. DATE SIGNED <b>May 8 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 7 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Summit Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-8-53</b>		REGISTRAR'S SIGNATURE <b>Lloyd Lagan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl A. Baskin</b>		ADDRESS <b>Warrenton Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1963

OCT 26 1963

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 *Carl A. Harding* \_\_\_\_\_

Licensed Embalmer No. *4115* \_\_\_\_\_

P. O. Address *Greenburg 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.