

**STANDARD CERTIFICATE OF DEATH**

**20574**

State File No. ....

**FILED JUL 1 - 1953**

|   |                           |  |   |   |   |  |  |
|---|---------------------------|--|---|---|---|--|--|
| BIRTH NO. _____   |                           | REG. DIST. NO. <u>1</u>  |   | PRIMARY REG. DIST. NO. <u>3000</u>  |   | Registrar's No. <u>204</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>ADAIR</u>   |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u> |   |  |  |
| b. CITY OR TOWN <u>KIRKSVILLE</u>   |                           | c. LENGTH OF STAY (In this place) <u>26 DAYS</u>   |   | c. CITY OR TOWN <u>RURAL</u>  |   | 0990<br>1  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STICKLER HOSPITAL</u>  |                           |  |   | d. STREET ADDRESS (If rural, give location) <u>UNION TOWNSHIP</u>   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>RUBY</u> c. (Last) <u>CONE</u>   |                           |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>6 20 53</u> |   |   |  |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>                                | 8. DATE OF BIRTH <u>MAR 4, 1898</u>                     | 9. AGE (In years last birthday) <u>55</u>   | if UNDER 1 YEAR<br>Months <u>3</u> Days <u>16</u> |  | if UNDER 10 yrs.<br>Hours <u></u> Min. <u></u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND Co. Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                 |  |
| 13a. FATHER'S NAME <u>MORT S GONE</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>ANNA P. SIMMONS</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>AMY MAY CONE</u>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |                           | 16. SOCIAL SECURITY NO. <u>NONE</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amy Cone Memphis Mo</u>  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                           |  |   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia with myocarditis</u>                                   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u> |
|   |                           |  |   | Myocarditis   |   |  | <u>1 mo.</u>                                     |
| ANTECEDENT CAUSES   |                           |  |   | DUE TO (b) <u>Cerebral hemorrhage with hemiplegia</u>   |   |  | <u>3 1/2 mo.</u>                                 |
|   |                           |  |   | DUE TO (c)  |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS -<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                           |  |   |   |   |  |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>   |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 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)   |                           | 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>5-25-53</u> , 19 <u>53</u> , to <u>6-20-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-20-53</u> , 19 <u>53</u> , and that death occurred at <u>2:30 A.m.</u> , from the causes and on the date stated above. |                           |  |   |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Dr. Stickler M.D.</u>   |                           |  |   | 23b. ADDRESS <u>Kirksville, Missouri</u>  |   | 23c. DATE SIGNED <u>6-23-53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                           | 24b. DATE <u>6-22-53</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Scotland County Mo</u>  |  |
| DATE REC'D BY LOCAL REG. <u>6-26-53</u>   |                           | REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Old Payne &amp; Son, Memphis.</u>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis TN*

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.