

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

**23872**

State File No. \_\_\_\_\_

**FILED JUL 28 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 23

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Benton</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-west white 2</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural West White 2w.</u>	
c. LENGTH OF STAY (in this place) <u>13 years</u>		d. STREET ADDRESS (If rural, give location) <u>R# 2 Windsor 0083</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R# 4 Windsor</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>FOSTER</u> c. (Last) <u>STONE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 22, 1953</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married 1</u>	
<b>8. DATE OF BIRTH</b> <u>Nov. 17, 1895</u>		<b>9. AGE</b> (in years last birthday) <u>57</u>		<b># WHEN 1 YEAR</b> Months   Days   Hours   Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Benton County, Missouri</u>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>John L. Foster</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>William Pettigrew</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>W.H. Stone</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED SERVICES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Margaret Stone, R2 Windsor, Mo</u>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Myocardial Failure</u>						<u>1 wk.</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>DUE TO (b)</b> <u>Arteriosclerotic Ht Disease</u>				<u>2-3 yrs.</u>	
		<b>DUE TO (c)</b> <u>Chronic Rheumatoid Arthritis</u>				<u>5-10 yrs.</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from 6/15, 1951, to 7/22, 1953, that I last saw the deceased alive on 7/21, 1953, and that death occurred at 12:10 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Claude M. Thurber M.D.</u>		<b>23b. ADDRESS</b> <u>Windsor, Mo.</u>		<b>23c. DATE SIGNED</b> <u>7/22/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>7-24-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Garden City</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Garden City, Missouri</u>	
<b>DATE REC'D BY LOCAL REGS.</b> <u>July 23, 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>E. L. Eickhoff</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Auston Turley, Windsor, Mo</u>	
				<b>ADDRESS</b>	

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 \_\_\_\_\_

*William M. Furr*

Licensed Embalmer No. \_\_\_\_\_

*4648*

P. O. Address \_\_\_\_\_

*Kinders, M*

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.