

FILES AUG 21 1953

STANDARD CERTIFICATE OF DEATH

(3074)

State File No. 30755

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3084		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>1003</u>		d. STREET ADDRESS (If rural, give location) <u>808 E. Hunter</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>W.</u> c. (Last) <u>STONE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1953</u>			
5. SEX <u>M-O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 23, 1912</u>	
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry Cleaning</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Cleaning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bertrand Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James W. Stone</u>		13b. MOTHER'S MARIEN NAME <u>Glennia James Estelle Stone</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Estelle Stone</u> ADDRESS <u>Sikeston, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>7-28 1953</u> to <u>8-6 1953</u> , that I last saw the deceased alive on <u>8-6 1953</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. J. Kienstedt M.D.</u> (Degree or title)				23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>8-11-53</u>	
24a. BURIAL, CREMA-TION, REMOVAL (Specify)		24b. DATE <u>Aug 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burden Memorial Sikeston</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-15-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. W. A. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Taylor</u> ADDRESS <u>Sikeston, Mo.</u>			

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

AUG 17 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 853-189

AUG 21 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

~~Student~~ \_\_\_\_\_

Signed \_\_\_\_\_

*J. E. M. Miller*

Licensed Embalmer No. 4695

P. O. Address E. R. Miller

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.