

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9465**

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5806** Registrar's No. **16**

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| 1. PLACE OF DEATH a. COUNTY Monroe | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe | |
| b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Twpshp | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN Jefferson Twpshp | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rural | | e. STREET ADDRESS (If rural, give location) Rural 0690 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Paul | b. (Middle) J | c. (Last) Stone | 4. DATE OF DEATH (Month) (Day) (Year) 4 - 2 - 54 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 1900 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months 10 Days 1 | IF UNDER 24 HRS. Hours 1 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist | 10b. KIND OF BUSINESS OR INDUSTRY Shop Factory | 11. BIRTHPLACE (City and State or Foreign Country) CRESTON, Iowa | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME George Stone | 13b. MOTHER'S MARDEN NAME Addie Douglas | 14. NAME OF HUSBAND OR WIFE Augusta Stone |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I | 16. SOCIAL SECURITY NO. 500-07-0397 | 17. INFORMANT'S SIGNATURE OR NAME Mrs P. J. Stone | ADDRESS Rt 1 Startsville, Mo. |
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| 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) Coronary Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH Few minutes |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4201 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Not at all**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE F. A. Barnett MD (Degree or title) | 23b. ADDRESS Gains, Mo. | 23c. DATE SIGNED 4-2-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-4-54 | 24c. NAME OF CEMETERY OR CREMATORY Oakland | 24d. LOCATION (City, town, or county) (State) Moberly, Mo |
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| DATE REC'D BY LOCAL REG. APR. 6 - 1954 | REGISTRAR'S SIGNATURE F. A. Barnett MD | 435 - | 25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son | ADDRESS Moberly, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1954

MAY 18 1954

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.....
Signature of Student Embalmer

Signed..... *Frank O'Donnell*

Licensed Embalmer No. 302

P. O. Address *Moberly*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.