

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 2 1954

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4222 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAVERLY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAVERLY</u>	
c. LENGTH OF STAY (in this place) <u>FIFTEEN</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME AT WAVERLY</u>			

3. NAME OF DECEASED (Type or Print) <u>LEOLIA P STONEKING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 24 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>11-18-1882</u>		9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	

13a. FATHER'S NAME <u>JOHN T POWERS</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINA KINWEAR</u>		14. NAME OF HUSBAND OR WIFE <u>JACK STONEKING</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 <u>NONE</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 years.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		c. (Last) <u>STONEKING</u>		DATE OF DEATH <u>5 24 1954</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>hypertension & chronic arthritis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS. 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? 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. 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>1940</u> , to <u>May 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 24</u> , 19 <u>54</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Geo B Kellinck D.D.</u>	

23b. ADDRESS <u>waверly Mo</u>		23c. DATE SIGNED <u>6-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-26-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WAVERLY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WAVERLY LAFAYETTE MO</u>	
DATE REC'D BY LOCAL REG. <u>May 26 - 1954</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Lendrum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Burley Funeral Home</u>		ADDRESS <u>waверly Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

540

DEC 17 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 _____ ✓
Student Embalmer

Signed Morie D. Bailey

Licensed Embalmer No. 4887

P. O. Address Channah, 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.