

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22445

3110

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY NORTH</u>		c. LENGTH OF STAY (in this place) <u>32 YRS.</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4541 E. 45TH ST.</u>				STREET ADDRESS (If rural, give location) <u>4541 E. 45TH ST. 5078</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Louis</u>		c. (Last) <u>STONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 4 1954</u>	
5. SEX <u>D</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 28, 1894</u>	
9. AGE (in years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR INSPECTOR WABASH R.R.</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>Riley Stone</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BLAIR</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladys Stone</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WWF</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Orville Stone</u>				ADDRESS <u>Topeka, Ks.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nemon haze - Lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiogenic Carcinoma</u> 1 year					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>102+</u>	
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. 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? _____			
22. I hereby certify that I attended the deceased from <u>Aug 1953</u> to <u>July 4, 1954</u> that I last saw the deceased alive on <u>July 7, 1954</u> and that death occurred at <u>2:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. McCormick</u> (Degree or title) _____				23b. ADDRESS <u>2025 Swift.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Randolph MO</u>	
DATE REC'D BY LOCAL REG. <u>7-6-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomers Sons N.K.C. Mo</u> ADDRESS _____			

(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.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *458*

P. O. Address *R. 2, 16,*

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.