

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25921**  
Registrar's No. **37**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **6109**

1. PLACE OF DEATH a. COUNTY <b>SCOTLAND</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCOTLAND</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL UNION TWP</b>		c. CITY OR TOWN <b>SAME</b>	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		e. STREET ADDRESS (If rural, give location) <b>0990</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ETTIE</b> b. (Middle) <b>GRACE</b> c. (Last) <b>CONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-29-1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>12-5-1868</b>	9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR <b>7</b> MONTHS <b>24</b> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>SCOTLAND Co Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>SIDNEY ARNOLD</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BETHEL</b>		14. NAME OF HUSBAND OR WIFE <b>JAY J. CONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Cone</b> ADDRESS <b>Memphis Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>Arteriosclerosis</b>		<b>10 years</b>	
		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		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) <b>331 X</b>	
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 **Feb 2, 1940**, to **July 29, 1954**, that I last saw the deceased alive on **7-29-1954**, and that death occurred at **3 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.M. Keethler D.O.</b> (Degree or title)		23b. ADDRESS <b>Memphis Mo</b>		23c. DATE SIGNED <b>7-31-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-31-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAWN RIDGE</b>	
		24d. LOCATION (City, town, or county) (State) <b>SCOTLAND Co Mo</b>			
DATE REC'D BY LOCAL REG. <b>8/5/54</b>		REGISTRAR'S SIGNATURE <b>Vera E. Turner</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>H. Payne &amp; Sons</b> ADDRESS <b>MEMPHIS</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1954

SEP 7 1955

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 *Neal Payne*

Licensed Embalmer No. *255*

P. O. Address *Memphis*

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.