

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42029**

Interd to
Cater Funeral Home

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **288**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY OR TOWN Memphis
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 501 West Jefferson	

3. NAME OF DECEASED (Type or Print) EMMA FRANCES STONEKING			4. DATE OF DEATH (Month) (Day) (Year) Dec-25-1954		
a. (First)	b. (Middle)	c. (Last)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-15-1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Schuyler County Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Andy Wellford	13b. MOTHER'S MAIDEN NAME Elinabeth Hensley	14. NAME OF HUSBAND OR WIFE John Stoneking
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Stoneking ADDRESS Memphis Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Guillain Barre Syndrome. (Paralytic)		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 304X	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 **Dec. 11, 1954**, to **Dec. 25, 1954**, that I last saw the deceased alive on **Dec. 25, 1954**, and that death occurred at **1:04 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Blum (Degree or title)	23b. ADDRESS Moberly Missouri	23c. DATE SIGNED 12-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/27/1954	24c. NAME OF CEMETERY OR CREMATORY Fabius Cemetery
DATE REC'D BY LOCAL REG. 12-27-54		24d. LOCATION (City, town, or county) (State) Schuyler County Mo.
REGISTRAR'S SIGNATURE Paul Williams 269		25. FUNERAL DIRECTOR'S SIGNATURE Gerth & Bassett ADDRESS Memphis Mo.

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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *M. Pherly*

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.