

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43357

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>23</u>		c. CITY OR TOWN <u>Charleston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>506 S. Franklin Street</u> <u>06720</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Alice</u>		c. (Last) <u>Stone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 54</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>Nov. 2 1886</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hardin County Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Isaac Hess</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Burklan</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas J. Stone</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 ADDRESS <u>Thomas J. Stone Charleston</u>			
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) <u>Chronic myocardial degeneration</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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) <u>4222</u>			
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>July 1, 1954</u> to <u>Aug 12, 1954</u> , that I last saw the deceased alive on <u>Aug 12, 1954</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. P. Fester D.O.</u> (Degree or title)				23b. ADDRESS <u>Wyatt Mo</u>		23c. DATE SIGNED <u>8/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Miss. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-54</u>		REGISTRAR'S SIGNATURE <u>Joan Kearney</u> <u>480-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Willie E. Fowler Home Charleston Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
46

JAN 21 REC'D

RECEIVED

Miss. Co. Health Dep.

County File No. \_\_\_\_\_

Date Filed JAN 22 19

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. Edgar McNeill* \_\_\_\_\_  
Licensed Embalmer No. 468

P. O. Address *E. Prairie* \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.