

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 995

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5517 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEER CREEK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALHOUN MO. RFD # I	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALHOUN MO. RFD # I		d. STREET ADDRESS (If rural, give location) CALHOUN MO. RFD # I	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) FLORENCE	c. (Last) STONE	4. DATE OF DEATH (Month) (Day) (Year) JAN. 20, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH OCT. 18 1888	9. AGE (In years) (Month) (Day) (Min.) 66 3 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) CALHOUN MO. RFD # I	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME A E STONE	13b. MOTHER'S MAIDEN NAME VARENNA FEWELL	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAUL STONE CALHOUN MO. RFD # I
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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"/>
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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 1950, 19, to Jan 20, 1955, that I last saw the deceased alive on Jan 12, 1955, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Mrs. Florence Adair</i>	23b. ADDRESS <i>WILKINSON</i>	23c. DATE SIGNED 1-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 22 1955	24c. NAME OF CEMETERY OR CREMATORY LEWIS CEMETERY	24d. LOCATION (City, town, or county) (State) HENRY COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. Jan 22-55	REGISTRAR'S SIGNATURE Florence Adair	FUNERAL DIRECTOR'S SIGNATURE WILKINSON FUNERAL HOME	ADDRESS
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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

Student Embalmer

Signed

F L Schaefer

Licensed Embalmer No. *4513*

P. O. Address *Clinton 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.