

STANDARD CERTIFICATE OF DEATH

FILED APR 6 1955

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **5954** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY PIKE c. CITY OR TOWN FRANKFORD	
b. CITY OR TOWN RURAL PENO c. LENGTH OF STAY (in this place) 8 yrs		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 FRANKFORD		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ROBERT c. (Last) STONE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH NOV 22 1904
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	11. BIRTHPLACE (City and State or Foreign Country) BOND CO. ILL.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME GEORGE W. STONE	13b. MOTHER'S MAIDEN NAME NOLA DANIELS	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 486-386115	17. INFORMANT'S SIGNATURE OR NAME IRMAE. HUGG ADDRESS FRANKFORD MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH ?
	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 None	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **deceased on March 22, 1955**, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Merdall, Coroner 3	23b. ADDRESS Bowling Green Mo	23c. DATE SIGNED March 22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 22 55	24c. NAME OF CEMETERY OR CREMATORY CENTER CEMETERY	24d. LOCATION (City, town, or county) (State) CENTER MO.
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DATE REC'D BY LOCAL REG. 4-4-55	REGISTRAR'S SIGNATURE Bernice Calcedo	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Merdall ADDRESS Frankford Mo.
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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.....
Signature of Student Embalmer

Signed *Joe Fields Megowan*.....

Licensed Embalmer No. *409*.....

P. O. Address *Frounfou*.....

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.