

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12189**

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1507**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>21 months</b>	c. CITY OR TOWN <b>Bucklin</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Veterans Administration Hospital</b>		STREET ADDRESS (If rural, give location) <b>Rural Free Delivery # 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wayne</b>	b. (Middle) <b>Daniel</b>	c. (Last) <b>STONE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 3 1955</b>
--	---------------------------	------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-27-95</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	-------------------------------------	---	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>R.P. # 3. Bucklin, Mo</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lamont, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	--

13a. FATHER'S NAME <b>John E. Stone</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie E. Witherell</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Stone</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>WWI</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Official Hospital Records</b>	ADDRESS
---	--	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute bilateral pyelonephritis and hydronephrosis</b> DUE TO (c) <b>Renal lithiasis bilateral</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute glomerulonephritis</b>		<b>602*</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) <b>VA</b>	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 **July 14th, 1953**, to **April 3rd, 1955**. I did not see the deceased alive on **4/1/55**, and that death occurred at **5:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Q. Wingfield, Jr. MD</b>	23b. ADDRESS <b>Veterans Administration Hospital</b>	23c. DATE SIGNED <b>4-3-55</b>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>April 5-1955</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>BUCKLIN MISSOURI</b>
---	----------------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <b>4-4-55</b>	REGISTRAR'S SIGNATURE <b>newa menshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O.W. Newcomer</b>	ADDRESS <b>1331- BRUSH CREEK KANSAS CITY, MO</b>
---	---	--	---

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... *Bernard L. Horne* .....

Licensed Embalmer No. *40* .....

P. O. Address *McM* .....

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