

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17745**

FILED JUN 21 1955

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **5116** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Bourbon Township		c. LENGTH OF STAY (in this place) 71 yrs		c. CITY OR TOWN Sturgeon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County, Missouri				f. STREET ADDRESS (If rural, give location) Rural, Bourbon Township 0100					
3. NAME OF DECEASED (Type or Print) a. (First) Alexander			b. (Middle) Thomas		c. (Last) Stone		4. DATE OF DEATH (Month) (Day) (Year) June 18, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31, 1883		9. AGE (In years if under 1 year last birthday) Months Days 71 9 17	10. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Boone Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas Henry Stone			13b. MOTHER'S MAIDEN NAME Lorene Creech		14. NAME OF HUSBAND OR WIFE Eugenia S. Stone				
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eugenia Stone, Sturgeon, Mo. R2					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 Min 2 Min Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/201				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) (Min.)		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 0 Oct 19 55 , to June 18, 19 55 , that I last saw the deceased alive on June 18, 19 55 , and that death occurred at 12:10^A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry J. Stewart D.O.				23b. ADDRESS Sturgeon, Missouri		23c. DATE SIGNED 6-18-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Red Rock Cemetery		24d. LOCATION (City, town, or county) (State) Boone Co., Missouri				
DATE REC'D BY LOCAL REG. June 19, 1955		REGISTRAR'S SIGNATURE Maud Mc Bride		25. FUNERAL DIRECTOR'S SIGNATURE Bill P. Meador		ADDRESS Centerville, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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 *Bill J. Medor*.....

Licensed Embalmer No. *487*.....

P. O. Address *Surgeon*.....

**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.**