

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>59</u>					
1. PLACE OF DEATH a. COUNTY <u>Howard Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>		c. CITY OR TOWN <u>Rural 0450</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>Lee Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>5 N - W - Fayette</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>KARENDA</u> b. (Middle) <u>- BECKEY</u> c. (Last) <u>- STONE</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>20</u> (Year) <u>1955</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>Mar 29 - 1883</u>					
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Elious Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stice</u>		14. NAME OF HUSBAND OR WIFE <u>McCannally 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>McCannally Stone, Fayette Mo</u>			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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		ANTECEDENT CAUSES						DUE TO (b) <u>Chronic Hydrophrosia</u> <u>with yellowed tints</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension</u>						2. yrs 2 yrs			
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 <u>6000</u>						20. AUTOPSY? YES <input 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) (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 <u>July</u> , 1953, to <u>July 20</u> , 1955, that I last saw the deceased alive on <u>July 20</u> , 1955, and that death occurred at <u>10:27</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>W. Bloom M.D.</u>				(Degree or title)				23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>7-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Red Rock</u>		24d. LOCATION (City, town, or county) (State) <u>7m-E of Hanington Mo</u>					
DATE REC'D BY LOCAL REG. <u>7/27/55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell 436</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Robinson</u>				ADDRESS <u>Hykel Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

VS SEP 21 1960

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 *H. S. Robinson*.....

Licensed Embalmer No. *306*

P. O. Address *Hight*.....

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.