

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24431

FILED AUG 2 - 1955

State File No.

BIRTH NO. 27765-58 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5750

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>	c. LENGTH OF STAY (In this place) (township) <u>2 days</u>	c. CITY OR TOWN <u>LOUISIANA</u>	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 <u>ST. LOUIS CHILDREN'S HOSP</u>		STREET ADDRESS (If rural, give location) <u>725 FRANKFORT RD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>	b. (Middle) <u>MONROE</u>	c. (Last) <u>STONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 30, 1955</u>
9. AGE (In years last birthday) <u>0 2</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>2</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISIANA, MISSOURI</u>

13a. FATHER'S NAME <u>GUY MONROE STONE</u>	13b. MOTHER'S MAIDEN NAME <u>BETTY ALLISON</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE AND NAME <u>B. Britton</u>	ADDRESS <u>500 So. KINGS HIGHWAY</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Palmsman. Failure of atelectasis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7625</u>
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22. I hereby certify that I attended the deceased from JUNE 30, 1955, to JULY 2, 1955, that I last saw the deceased alive on JULY 2, 1955, and that death occurred at 8:35 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>David Golding</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>500 So. KINGS HIGHWAY</u>	23c. DATE SIGNED <u>7-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7/4/55</u>	24c. NAME OF CEMETERY OR PLACE OF BURIAL <u>Riverview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUL 5 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George O. Haynes</u>	ADDRESS <u>Louisiana, Mo.</u>
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7-7-55 (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 *George O. Stagner*

Licensed Embalmer No. *377-*

P. O. Address *Louisiana*

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.