

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26776

State File No. _____

FILED AUG 29 1955

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>ISABEL</u> c. (Last) <u>STONER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24, 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 16, 1878</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Baring, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Alex McKendry</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Manion</u>	14. NAME OF HUSBAND OR WIFE <u>Marion Stoner</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold M. Stoner</u> ADDRESS <u>Edina Mo</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis and hypertension</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	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) <u>Edina, Missouri</u>
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?

22. I hereby certify that I attended the deceased from May 6, 1955, to Aug 24, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Francis Jaroydas M.D.</u>	23b. ADDRESS <u>Edina, Missouri</u>	23c. DATE SIGNED <u>Aug 25 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Catholic cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-29-55</u>	REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Rimer</u> ADDRESS <u>Edina Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

520

SEP 2 3 1958

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

Student Embalmer

Signed

Mr. J. W. Hudson

Licensed Embalmer No. *2972*

P. O. Address *Edina Mo.*

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 this body is not embalmed, fact should be so stated above.