

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1955

State File No. **40249**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>1111</b>
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>Springfield</b>	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 <b>2255 N. Travis</b>		e. STREET ADDRESS (If rural, give location) <b>2255 N. Travis</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERBIE</b>		b. (Middle) <b>DONALD</b>	c. (Last) <b>STONE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 10, 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>8 Sept. 1913</b>	9. AGE (To years last birthday) <b>42</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Albert Stone</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>Ava Stone</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ava Stone</b> ADDRESS <b>Springfield, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure, acute</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Probable myocardial infarction</b> DUE TO (c) <b>Coronary arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b> <b>30 min.</b> <b>unknown</b> <b>9 years</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <b>Springfield, Greene, Mo.</b>
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 <b>Jan 14, 1955</b> , to <b>Dec 10, 1955</b> , that I last saw the deceased alive on <b>Feb 10, 1955</b> , and that death occurred at <b>4:30 A. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree of title) <b>W. H. Holsby M.D.</b>		23b. ADDRESS <b>609 Cherry Springfield, Missouri</b>		23c. DATE SIGNED <b>12-13-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-13-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fordland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fordland, Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-14-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Klingner &amp; Co. Springfield, Mo.</b>

DEC 19 1955

**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 *Max Shod*.....

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

P. O. Address *Spring*.....

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.