

FILED DEC 29 1955

STANDARD CERTIFICATE OF DEATH 5675 State File No.

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 477 Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY OR TOWN <u>HURRICANE (RURAL)</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Elsberry</u>	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 <u>Family Residence</u>			e. STREET ADDRESS (If rural, give location) <u>Rural Near Elsberry Mo</u>		
3. NAME OF DECEASED (Type or Print) <u>HENRYANNA Elizabeth Stone</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH	(Month)	(Day)	(Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
			<u>1-21-1862</u>	<u>93</u>	Months <u>10</u> Days <u>5</u>
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 <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Henry Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fletcher Gillum</u>		14. NAME OF HUSBAND OR WIFE <u>John Stone (deceased)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maggie Fortney, Elsberry</u>		
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) <u>Chronic Myeloiditis</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>				
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)		
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>7-16</u> , 19 <u>54</u> to <u>11-17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-17</u> , 19 <u>55</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. H. Callaway D.O.</u>			23b. ADDRESS <u>Elsberry Mo</u>		23c. DATE SIGNED <u>11-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry City Cemetery, Elsberry, Lincoln, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>12/26/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence G. Hentz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u> ADDRESS <u>Elsberry, Mo.</u>		

(Licensed Embalmers' 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 Nov. 26-1955, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller.....

Licensed Embalmer No. 336

P. O. Address Elkton

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.