

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

41752

State File No. _____

FILED JAN 4 - 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 377

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY St. Francois	a. STATE Missouri	b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) St. Francois Twp.	c. LENGTH OF STAY (In this place) 7Y; 1M; 25d.	c. CITY OR TOWN Union	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 Missouri State Hospt. #4		e. STREET ADDRESS (If rural, give location) 0361	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) ROBERT	b. (Middle)	c. (Last) STONER	(Month) December	(Day) 6	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 13, 1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 8 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY (Never employed)		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> Eldon, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME B.A. Stoner	13b. MOTHER'S MAIDEN NAME Rose Burns	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospt. No. 4, Farmington, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH abt. 6 das.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency (idiot).		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Second and third degree burns of buttocks, and inner portion of thighs (accidental) - 11-21-55 DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9177 41	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mental Hospt. Ward	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois Twp. 044 St. Francois Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-21-55 Unk.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Apparently under shower at the hands of another insane patient.

22. I hereby certify that I attended the deceased from Sept. 28, 1955, to Dec. 6, 1955 that I last saw the deceased alive on Dec. 6, 1955, and that death occurred at 8:30a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John P. Brennan M.D.</i>	23b. ADDRESS State Hospt. No. 4, Farmington, Mo.	23c. DATE SIGNED 12-6-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery
24d. LOCATION (City, town, or county) (State) Union, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Etheridge</i> oltmann Funeral Home, Union, Mo.	
DATE REC'D BY LOCAL REG. Dec. 6, 1955	REGISTRAR'S SIGNATURE <i>Etheridge</i>	

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.....
C. J. Cozeman

Licensed Embalmer No... 40

P. O. Address *Farmington*

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.