

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 874

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>107</u> | | PRIMARY REG. DIST. NO. <u>3019</u> | | Registrar's No. <u>10</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u> | | c. LENGTH OF STAY (In this place) <u>7 DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - INDEPENDENCE</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DUNKLIN MEMORIAL HOSPR</u> | | | | d. STREET ADDRESS (If rural, give location) <u>10 MI. S. EAST KENNETT, RT. #3</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>EDWARD</u> | | b. (Middle) <u>RUSSELL</u> | | c. (Last) <u>STONE</u> | |
| 4. DATE OF DEATH | | (Month) <u>JAN.</u> | | (Day) <u>7</u> | | (Year) <u>1956</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>AUG 6, 1889</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 MRS. Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>DAWSON COUNTY, NEBRASKA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM O. STONE</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY SMITH</u> | | 14. NAME OF HUSBAND OR WIFE <u>LILLIE EAVES STONE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>488-42-6015</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE STONE</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | | | | <u>15 min.</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| Morbidity 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 | | <u>Lobar Pneumonia, Right Lower Lung</u> | | | | <u>3 weeks</u> | |
| 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 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) m. | | 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>Dec. 31</u> , 19 <u>55</u> , to <u>1-7-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>10:15 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Quinton Tarver, M.D.</u> | | | | 23b. ADDRESS <u>Kennett, Mo.</u> | | 23c. DATE SIGNED <u>1-12-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN. 9, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u> | | 24d. LOCATION (City, town, or county) (State) <u>KENNETT, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 4-1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Hubbard</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Baldwin Funeral Service Inc.</u> | | ADDRESS <u>Kennett Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 1-23-
COUNTY FILE NUMBER 156

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

Lynn R. Cunningham

Licensed Embalmer No. 4969

P. O. Address *Kennett, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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