

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1510

State File No. ....

324

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>13 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>708 BENNINGTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>	b. (Middle) <b>William</b>	c. (Last) <b>STONE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 21 1956</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>January 19, 1897</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Maitland, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>John Stone</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Snipes</b>
14. NAME OF HUSBAND OR WIFE <b>Cora L. Stone</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW I</b>	

16. SOCIAL SECURITY NO. <b>487-03-9495</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Official VA Hospital Records, K. C. Mo.</b>	18. ADDRESS <b>Official VA Hospital Records, K. C. Mo.</b>
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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) <b>Uremia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>177x</b>
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Obstruction of ureteral orifices, complete, bilateral due to carcinoma of prostate with bladder involvement.</b> DUE TO (c) <b>Pericardial, pleural and peritoneal effusion.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>VA</b>	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 **November 10, 1955**, to **January 21, 1956**, and that death occurred at **12:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>EUGENE F. HWA, M.D.</b>	23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>1-21-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JAN. 23, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ODD Fellows Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>CRAIG Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Newcomer</b> ADDRESS <b>1331 BRUSH CREEK KE. MO.</b>	
DATE REC'D BY LOCAL REG. <b>1-23-56</b>	REGISTRAR'S SIGNATURE <b>New Marshall</b>	

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..... *Chester K Brown*

Licensed Embalmer No..... *49*

P. O. Address..... *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.