

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5688

FILED FEB 20 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - JACKSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>Paris</u>	c. CITY OR TOWN <u>STOUTSVILLE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home, Paris, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>0690</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>G</u> c. (Last) <u>STONEKING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 13 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>MARCH 26 1887</u>	9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JACOB STONEKING</u>		13b. MOTHER'S MAIDEN NAME <u>MATTHA J. FRANKS</u>		14. NAME OF HUSBAND OR WIFE <u>Kathleen Leabe Stoutville Mo</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kathleen Leabe Stoutville Mo</u>		ADDRESS <u>Stoutville Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emic. Myocardia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>arterio-sclerosis</u>		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Feb 13, 1956, to Feb 13, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	Degree or title <u>MD</u>	23b. ADDRESS <u>Stoutville Mo</u>	23c. DATE SIGNED <u>2-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STOUTSVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STOUTSVILLE MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-15-56</u>	REGISTRAR'S SIGNATURE <u>J. A. Barnett</u>	435- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. D. WILSON'S</u>
ADDRESS <u>Son's Monroe City, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 21 1956

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lucia R. Wilson.....

Licensed Embalmer No. 301

P. O. Address Monroe Co.

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.