FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10139

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LOUISIANA
c. LENGTH OF STAY (in this place) 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PIKE COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY PIKE
c. CITY OR TOWN ANNADA 0824
d. Residence within limits of city or incorporated town? Yes ☐ No X
e. STREET ADDRESS (If rural, give location) 3 MILES N.W. of ANNADA

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) JOSEPH
c. (Last) STONE

4. DATE OF DEATH (Month) (Day) (Year) MAR. 11, 1956

5. SEX Male
6. COLOR OR RACE white
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED (specify)~~
8. DATE OF BIRTH April 12, 1947
9. AGE (In years last birthday) 8 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT
10b. KIND OF BUSINESS OR INDUSTRY Elementary
11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. STONE
13b. MOTHER'S MAIDEN NAME LOUISE OWENS
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Father - Annada, Mo.

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) Hemorrhage & Shock — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Trauma to Pelvis — 12 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

8124

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 25
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On highway
21c. (CITY, TOWN, OR TOWNSHIP) 0824 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/10/56 4:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by car

22. *I hereby certify that I attended the deceased from* 3/10, 1956, *to* 3/11, 1956, *that I last saw the deceased alive on* 3/11, 1956, *and that death occurred at* 5:15 A.m., *from the causes and on the date stated above.*

23a. ~~SIGNATURE~~ (Degree or title) M.D.
23b. ADDRESS Clarksville Mo
23c. DATE SIGNED 3/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 3-13-56
24c. NAME OF CEMETERY ~~OR CREMATORY~~ GREENWOOD
24d. LOCATION (City, town, or county) (State) CLARKSVILLE, MO

DATE REC'D BY LOCAL REG. March 13, 1956
REGISTRAR'S SIGNATURE Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS ELSBERRY Mo.

(Licensed Embalmer's 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....40

P. O. Address Elaberr

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.