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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13801

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a. STATE <u>Missouri</u> b. COUNTY <u>Johnson.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u>		c. LENGTH OF STAY (in this place) <u>64 yrs.</u>		c. CITY OR TOWN <u>Warrensburg.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If, not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>R. F. D. 1A.</u>					
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>			a. (First)		b. (Middle)		c. (Last) <u>Stoneking.</u>		
4. DATE OF DEATH <u>Apr. 20, 1956.</u>			4. DATE (Month) (Day) (Year)						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 11, 1891.</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Phelps.</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Atkins.</u>			14. NAME OF HUSBAND OR WIFE <u>Geo. L. Stoneking.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-16-0080</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Stoneking.</u>				ADDRESS <u>Warrensburg, MO.</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>Cerebral hemorrhage</u>				DUE TO (b) <u>Hypertension</u>				<u>6 hrs</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.				DUE TO (c)				<u>3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of bladder</u>								<u>6 months</u>	
19a. DATE OF OPERATION <u>1-6-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of bladder 181X</u>						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>4-19</u> , 19 <u>56</u> , to <u>4-20</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:35</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. Lee Cooper M.D.</u>					23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>4-21-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr. 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 21, 1956</u>				REGISTRAR'S SIGNATURE <u>Savannah Cuthfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips. Warrensburg, MO.</u>			

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

MAY 16 1956

MAY 8 1956

RECEIVED  
APR 23 1956  
JOHNSON COUNTY HEALTH DEPT.

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 *P. Q. Phillips*.....

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg*.....

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.