

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1956

State File No. **24545**

BIRTH NO. _____		REG. DIST. NO. <b>265</b>		PRIMARY REG. DIST. NO. <b>6291</b>		Registrar's No. <b>25</b>			
1. PLACE OF DEATH a. COUNTY <b>Ozark</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Longrun</b> )		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Longrun Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0710</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rev. Samuel</b> b. (Middle) <b>W</b> c. (Last) <b>Stone</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 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>April 20 1886</b>			
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Thornfield Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Jim Stone</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Nora Stone</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nora Stone</b>			ADDRESS <b>Longrun Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decongenitation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Valvular heart disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>4 wks</b> <b>2 yrs</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>					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) (Min.)		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 <b>June 20, 1956</b> , to <b>July 15, 1956</b> , that I last saw the deceased alive on <b>July 10, 1956</b> , and that death occurred at <b>12:30 P.M.</b> , (from the causes and on the date stated above).									
23a. SIGNATURE <b>M. J. Liberman</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>St. Louis, Mo</b>		23c. DATE SIGNED <b>7-17-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7 17 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Thornfield</b>		24d. LOCATION (City, town, or county) (State) <b>Thornfield Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-28-56</b>		REGISTRAR'S SIGNATURE <b>Thana Mahan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard</b> ADDRESS <b>Funeral Home Ava Mo.</b>					

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

+610

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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 *Lytle G. Glunkingbean*.....

Licensed Embalmer No...4836

P. O. Address *Alma, Va.*

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.