

FILED OCT 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36727

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u> 100/0	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>424 W. Yoakum</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 W. Yoakum</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>STONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 19 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 21, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (State or foreign country) <u>Nelsonville, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Freeman Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Ellie Standall</u>	14. NAME OF HUSBAND OR WIFE <u>Bertis Lee Stone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, No, or unknown) (If yes, give year or dates of service) <u>Yes WWT</u>	16. SOCIAL SECURITY NO. <u>702-07-1501</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Stone Chaffee</u> ADDRESS <u>Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC DECOMPENSATION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIOSIS, ARTERIOSCLEROSIS 2 YRS?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIOVASCULAR-RENAL DISEASE</u> <u>1 YR.</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-2, 1956 to 4-13, 1956, that I last saw the deceased alive on 10-18, 1956, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Monebach D.O.</u>	23b. ADDRESS <u>Chaffee, Missouri</u>	23c. DATE SIGNED <u>10-20-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Park</u>	24d. LOCATION (City, town, or county) (State) <u>Chaffee Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-22-57</u>	REGISTRAR'S SIGNATURE <u>Mustard Bishop</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bishop's Home</u> ADDRESS <u>Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED OCT 22 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1056-220

NOV 19 1956

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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 .....  
Student Embalmer

Signed

*Oliver C. Amund*

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.