

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20780**

FILED JUL 8 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 590

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Rogersville</u>	
c. LENGTH OF STAY (In this place)		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 <u>Bask Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>Rte. 3 north. 1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u> b. (Middle) <u>May</u> c. (Last) <u>Stone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 2 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 1, 1904</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>marshfield Missouri</u>	12. COUNTRY OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Louis M. Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Collie Ashola</u>	14. NAME OF HUSBAND OR WIFE <u>Otto Stone</u>
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or cause of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otto Stone</u>	ADDRESS <u>Route 3, Rogersville, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolic Mesenteric infarction</u>		
	DUE TO (c) <u>Auricular fibrillation causing a mural thrombus</u>		
	II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death <u>diabetes mellitus and cardiac decompensation</u>		

19a. DATE OF OPERATION <u>6/29/57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Meseric infarction of entire small intestine</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. CITY OR TOWNSHIP 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 6/29/57, 1957, to 7/2/57, 1957, that I last saw the deceased alive on 7/2/57, 1957, and that death occurred at 10:55 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Belard E. Witzel D.O.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>7/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-5-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT OLYVE</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>7-5-57</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER EDWARDS</u>	ADDRESS <u>MARSHFIELD MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS  
SEP 4 1959

**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.....  
*[Handwritten Signature]*

Licensed Embalmer No. 30

P. O. Address *[Handwritten Address]*

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.

MAINTAINED IN THE OFFICE OF THE STATE EMBALMERS ASSOCIATION