

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32199
STATE FILE NUMBER 4397

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 7 yrs	d. STREET ADDRESS (If outside, give location) 3813 CENTRAL Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS D. STONE			4. DATE OF DEATH Month Day Year 9th 20th 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-29-12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter + Decorator		10b. KIND OF BUSINESS OR INDUSTRY Paint	9. AGE (In years as of birthday) 45 yrs IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Jefferson City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S	
13a. FATHER'S NAME William T. Stone		13b. MOTHER'S MAIDEN NAME Anna Kingery	14. NAME OF HUSBAND OR WIFE Lucille Stone
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		16. SOCIAL SECURITY NO. 190 09 9145	17. INFORMANT Address V.A. Hospital Records, K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis, right coronary artery			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis, marked, coronary arteries			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Rheumatic Heart Disease (Calcific aortic stenosis)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK VA <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from August 16, 1957 to September 20, 1957 and last saw him on September 20, 1957 Death occurred at 3:50 p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Turner (Degree or title) D		22b. ADDRESS MD V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 9-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEPT 21 1957	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) JEFFERSON CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BROWN CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 9-21-57	26. REGISTRAR'S SIGNATURE Freva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 Chester K Brown

Licensed Embalmer No. 493

P.O. Address KE MD

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.