

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27
STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novinger Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in 1b	d. STREET R. F. D. #1 (If outside, give location) ADDRESS Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Allie Middle Elizabeth Last Stone			4. DATE OF DEATH Month Jan, Day 11, Year 1958		
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1877		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Scotland County, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13. FATHER'S NAME David Ralph		14. MOTHER'S MAIDEN NAME Emoline Stone	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Mrs. Amy Stephens, Kirksville, Mo. Address	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia.			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Auricular fibrillation			1 month
DUE TO (b) Hypertensive cardiovascular disease			years
Chronic glomerulonephritis			years
DUE TO (c) Diabetes Mellitus			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 260X	
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				
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20d. INJURY OCCURRED WHILE AT WORK <input 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	
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21. I attended the deceased from 12-12-57 to 1-11-58 and last saw her alive on 1-11-58 Death occurred at 2:47 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
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22a. SIGNATURE A. S. McClure (Degree or title) D.O.		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 1-13-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/13/58	23c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery	23d. LOCATION (City, town, or county) (State) Adair Co., Mo.
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24. FUNERAL DIRECTOR Paul W. Rife, Kirksville, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 1-14-58	26. REGISTRAR'S SIGNATURE Doris W. Rathoff
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George W. Davol*.....

Licensed Embalmer No. *47*.....

P. O. Address *Kirkwood*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.