

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005886

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 862

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Wheatland</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>March-East Nursing Home 3240 Norledge</u>		d. STREET ADDRESS (If outside, give location) <u>2 Mi. North Town</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CATHERINE PAULINE STONE</u>			4. DATE OF DEATH Month Day Year <u>Feb. 14, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 8, 1880</u>	9. AGE (In years last birthday) <u>77 yrs.</u> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Boonville, Missouri</u>	

13a. FATHER'S NAME <u>William Metz</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Leaphart</u>		14. NAME OF HUSBAND OR WIFE <u>Almon A. Stone</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Almon A. Stone Wheatland, Mo.</u>	
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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) <u>Cerebral Artery thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24h</u>
DUE TO (b) <u>Hypertension</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>			<u>332*</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BP 240/110</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 <u>Wheatland Jackson Mo</u>	
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21. I attended the deceased from Death occurred at <u>Feb 2 1958</u> to <u>Feb 13 1958</u> and last saw alive on <u>Feb 13, 1958</u> <u>7:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>B. S. Shivers, MD</u>		22b. ADDRESS <u>4606 St John's</u>		22c. DATE SIGNED <u>2-14-58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2/17/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Ks.</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Geo. F. Porter & Sons K.C.Ks.</u>		25. DATE RECD. BY LOCAL REG. <u>2-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

K. L. Shirman

Doctor, coroner, etc. must use only standard nomenclature in Part I. 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

Licensed Embalmer No....3751.....

P. O. Address...19th & Minneso
Kansas City, Ks

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.