

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010775
State No.

FILED MAR 24 1958

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-JACKSON</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY OR TOWN <u>STOUTSVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLEASANT VIEW HOME REST HOME</u>				e. STREET ADDRESS (If rural, give location) <u>0690</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB (JAKE)</u>		b. (Middle) _____		c. (Last) <u>STONEKING JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 20, 1958</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV 12 1883</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during year, even if retired) <u>WABASH RAILROAD</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STOUTSVILLE, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JACOB STONEKING</u>				13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE FRANKS</u>		14. NAME OF HUSBAND OR WIFE _____	
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>493-28-5595</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VERNON C. EVERY, STOUTSVILLE, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4201</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2,</u>			
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 <u>Mar 20, 1958</u> , to <u>3-20, 1958</u> , that I last saw the deceased alive on <u>3-20, 1958</u> , and that death occurred at <u>6:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. M. Ragsdale, M.D.</u> (Degree or title)				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>3/21/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 22, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STOUTSVILLE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>STOUTSVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-21-58</u>		REGISTRAR'S SIGNATURE <u>A. D. Barnett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

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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.....
Signature of Student Embalmer

Signed..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address..... PARIS, MISSOURI

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.