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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018541
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2286

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. LUKE'S HOSPITAL — Length of stay in 1b 36 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 25 EAST DARTMOUTH Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EMERY Middle DARWIN Last STONE

4. DATE OF DEATH Month MAY Day 2, Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH NOV. 28, 1879
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT
10b. KIND OF BUSINESS OR INDUSTRY Western FUEL AND Supply
11. BIRTHPLACE (City and state or country) MILWAUKEE, WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William J. STONE
13b. MOTHER'S MAIDEN NAME JANE HOWELL
14. NAME OF HUSBAND OR WIFE ELINOR STONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-07-4232
17. INFORMANT MRS. ELINOR STONE Address 25 EAST DARTMOUTH RD. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Ventricular Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4/7/58, to 5/2/58 and last saw her/him alive on 5/2/58
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph S. Casford M.D.
22b. ADDRESS 221 Plaza Med. Bldg.
22c. DATE SIGNED 5/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAY 5, 1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Mt. MORIAH
23d. LOCATION (City, town, or county) (State) KANSAS City, MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS City, Mo.
25. DATE RECD. BY LOCAL REG. 5-5-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Ralph S. Casford

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. 4931

P. O. Address K C M

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.