

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039611

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1077

FILED NOV 17 1958

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If outside, give location) 2338 N. Jefferson	
Length of stay in lb 33 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DAISY LEONA STONE			4. DATE OF DEATH Month Day Year Nov. 7 1958
5. SEX Female	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 March 13, 1899
9. AGE (In years last birthday) 59	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Webb City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (Unknown) Echelberger	
13b. MOTHER'S MAIDEN NAME Melvina Tipton		14. NAME OF HUSBAND OR WIFE William R. Stone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. William Stone		Address 2338 N. Jefferson Springfield, 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) Cerebral Hemorrhage			INTERVAL BETWEEN DEATH & EXAMINATION 14 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial Hypertensive Inter-cerebral Sclerosis			
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 <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.) 331X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Springfield		COUNTY STATE	
21. I attended the deceased from 6 Nov. 58 to 7 Nov. 58 and last saw her her alive on 7 Nov. 58 Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Design or title) W. H. Stone M.D.		22b. ADDRESS Springfield Mo.	
22c. DATE SIGNED 11-10-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-10-58	
23c. NAME OF CEMETERY OR CREMATORY East Lawn		23d. LOCATION (City, town, or county) (State) Springfield, MO	
24. FUNERAL DIRECTOR Ralph Thieme		25. DATE RECD. BY LOCAL REG. 11-10-58	
ADDRESS Springfield, Mo.		26. REGISTRAR'S SIGNATURE Effie G. Melton	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568
P. O. Address Springfield, Mo.

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.