Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1959

59-005908
STATE FILE NUMBER 840

Registration District No. 149 Primary Registration District No. 1062 Registrar's No.

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran — Length of stay in Ib 6 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clay
c. CITY OR TOWN Liberty 6001 0 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS Rt. 2 (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: Nora Middle: Belle Last: Stone
4. DATE OF DEATH Month: Feb. Day: 12 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug 13, 1911
9. AGE (In years last birthday): 47 — 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): Tavern Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Elbert Huff
13b. MOTHER'S MAIDEN NAME: Clistie —
14. NAME OF HUSBAND OR WIFE: Floyd 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.: —
17. INFORMANT: Floyd Stone Address: of the Home

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)	Cerebral hemorrhage involving pons	6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	cerebral arteriosclerosis basilar artery	6 hours
DUE TO (c)	hypertension	4-5 years

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 [X] NO [ ]

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 February 12, 1959, to February 12, 1959 and last saw her/him alive on February 12, 1959
Death occurred at 10:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. Comer Bates, M.D. (Degree or title)
22b. ADDRESS: 273a South Mall Antioch Center, Kansas City 16, Mo.
22c. DATE SIGNED: 2/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-13-59
23c. NAME OF CEMETERY OR CREMATORY: Rodgers Cem.
23d. LOCATION (City, town, or county): K.C. North (State): Mo.

24. FUNERAL DIRECTOR: D. W. Newcomer's Sons ADDRESS: N. K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 2-13-59
26. REGISTRAR'S SIGNATURE: Nora Marshall

(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.

G. Comer Bates

Mr. Bates

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 John U Kalsbeek

Licensed Embalmer No. 4949

P. O. Address Mo. Kansas City

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.