

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**59-011957**  
State File No. ....

FILED MAR 31 1959

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4480</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Green Top</u>		c. LENGTH OF STAY (In this place) <u>8 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LaPlata</u>		<u>0610</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Haven Rest Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Stone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>December 8, 1868</u>		9. AGE (In years last birthday) <u>90</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Macon County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>			
13a. FATHER'S NAME <u>E. T. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Greenstreet</u>		14. NAME OF HUSBAND OR WIFE <u>William Stone</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. O. McKinney LaPlata, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>3-18</u> , 19 <u>59</u> , to <u>3-21</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>59</u> , and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank Brock</u>				23b. ADDRESS <u>200 Box 235 Schuyler Mo</u>		23c. DATE SIGNED <u>3-21-59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaPlata Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-21-59</u>		REGISTRAR'S SIGNATURE <u>W. R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Christie Funeral Service</u>		ADDRESS <u>Ralph E. Pollock LaPlata</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed *W. A. McCallum*

Licensed Embalmer No. *2957*

P. O. Address *South Gufford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.