

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

59-012519

STATE FILE NUMBER

FILED APR 30 1959

Registration District No. 444 Primary Registration District No. 5148 Registrar's No. 4

health, Welfare public service
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1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln, Township		c. CITY OR TOWN Cowgill 0136	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Caldwell County	
3. NAME OF DECEASED (Type or print) First Fred Middle M. Last Stone		4. DATE OF DEATH Month Apr. Day 12 Year 1959	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
13. FATHER'S NAME Lee Legran Stone		11. BIRTHPLACE (City and state or country) Virginia U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Julia Edwards	
16. SOCIAL SECURITY NO. 491-42-1727		17. INFORMANT Donald Stone Address Cowgill, 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) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH APPROX. Daily
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS			6 mos.
DUE TO (c) MYOCARDIAL DEGENERATION			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4261			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 0
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 JAN 27/59 to FEB 10/59 and last saw ^{him} alive on FEB 10/59 Death occurred at 6:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Dewiser, M.D. (Degree or title)		22b. ADDRESS Braymer, Mo	22c. DATE SIGNED 4/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Apr. 15, 1959	Evergreen	Braymer, Mo.
24. FUNERAL DIRECTOR Mead - Pitts Funeral serv. Braymer, Mo. 4-27-59 ADDRESS _____		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Mo. Ruth Lane Jurgart

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 John W. Pitts, Student Embalmer No. 564
working under my personal supervision..

Student John W. Pitts
Signature of Student Embalmer

Signed Edward E. Head

Licensed Embalmer No. 280

P. O. Address Dayton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.