

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017198

STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 096 Primary Registration District No. Registrar's No. 32

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>S. Benton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Monett</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home 2 at Buffalo, traveling on Highway 66</u>		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS <u>R.F.D. 1 near Monett</u>
3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle Last <u>STONE</u>		4. DATE OF DEATH Month <u>5</u> Day <u>9</u> Year <u>1959</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>au</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-7-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>2</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Oral Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cupp</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby Stone</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>489-24-9753</u>		17. INFORMANT <u>Ruby Stone Monett mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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.) <u>4201</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Monett</u>		20f. COUNTY STATE <u>Dallas MISSOURI</u>	
21. I attended the deceased from <u>5-9-59</u> to <u>5-9-59</u> and last saw <u>her</u> <u>him</u> alive on _____ Death occurred at <u>8:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence Stone</u> (Degree or title)		22b. ADDRESS <u>Buffalo, mo.</u>	
22c. DATE SIGNED <u>5-9-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>5-13-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cem</u>	
23d. LOCATION (City, town, or county) (State) <u>Pierce City mo.</u>		24. FUNERAL DIRECTOR <u>S.D. Jones Buffalo mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5/26/59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 21 1953

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, N.Y......

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.