

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 17 1959

59-033155

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 24

UNRECORDED

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis Twp.		Length of stay in 1b		c. CITY OR TOWN Lilbourn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. S of Lilbourn, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 mi. S of Lilbourn, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last George W. Stone				4. DATE OF DEATH Month Day Year Sept. 8 1959					
5. SEX Male	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 Dec. 1 1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min. 7 9 7	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Savannah, Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Nathan Stone			13b. MOTHER'S MAIDEN NAME Millie Harris			14. NAME OF HUSBAND OR WIFE Lucy Stone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Lucy Stone-Lilbourn, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH 1 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Lower urinary tract infection					DUE TO (c) Cause unknown (was operated on in Mich. last 20)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m.	Month, Day, Year								
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 3/18 159 to 9/5 159 and last saw him alive on 9/5 159 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) William D. Bryant M.D.				22b. ADDRESS Naylor, Mo				22c. DATE SIGNED 9/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-9-59	23c. NAME OF CEMETERY OR CREMATORY Latham		23d. LOCATION (City, town, or county) New Madrid, Mo.				
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.				25. DATE RECD. BY LOCAL REG. 9-11-59		26. REGISTRAR'S SIGNATURE H. J. Bonds Deputy			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 11 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Homer L. Under
Licensed Embalmer No. 3367
P. O. Address Lilbourn

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.