URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040819
STATE FILE NUMBER

FILED VS DEC 1 1959

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY: Lawrence County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marionville
Length of stay in 1b: 44 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 300 Mill St.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Marionville
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 300 Mill St.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: William Middle: Hascue Last: Firestone
4. DATE OF DEATH: Month: November Day: 26 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-8-1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Greene Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: David Firestone
13b. MOTHER'S MAIDEN NAME: Jane Minor
14. NAME OF HUSBAND OR WIFE: Minnie Firestone
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.: None
17. INFORMANT: Mrs. Grace Savage Address: Neosho, Mo.

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 19 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension, Essential — 5 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myocarditis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 Jan. 10, 1956 to November 26, 1959 and last saw him alive on Nov. 26, 1959.
Death occurred at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Kenneth L. Kelsey M.D.
22b. ADDRESS: Aurora, Mo.
22c. DATE SIGNED: Nov. 27, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/28/59
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State): Marionville, Mo.
24. FUNERAL DIRECTOR: J. B. Lindsey ADDRESS: Marionville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-27-1959
26. REGISTRAR'S SIGNATURE: Osa McNatt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

US DEC 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William A. Fuller

Signature of Student Embalmer

Licensed Embalmer No. 4658

P. O. Address Marionville

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