URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007435

STATE FILE NUMBER

FILED VS MAR 14 1960

Registration District No. 231 Primary Registration District No. _____ Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont — Length of stay in 1b: 2½ years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Clearmont — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Amelia Middle: Last: Stoner
4. DATE OF DEATH Month Day Year: Febuary 25, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Aug. 6, 1866
9. AGE (last birthday): 93
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): Ret. Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Anthony Schneider
13b. MOTHER'S MAIDEN NAME: Christina Tangard
14. NAME OF HUSBAND OR WIFE: Thomas Byron Stoner
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: Mr. Virgil Stoner - Sheridan, Missouri Address

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) Brain Concussion or Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fall, striking head on steam radiator.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility- Cerebral Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell and struck head on steam radiator ora window sill.
20c. TIME OF INJURY Hour a.m. p.m. 10: a.m. Month, Day, Year Feb. 22, 1960
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wallin Nursing Home.
20f. CITY, TOWN, OR LOCATION Clearmont, Mo. COUNTY Nodaway. Mo. STATE
21. I attended the deceased from August 15, 1957, to Feb. 25, 1960 and last saw him alive on Feb. 24, 1960
Death occurred at 11:20 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title) D.O.
22b. ADDRESS Elmo, Missouri
22c. DATE SIGNED 332-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-28-1960
23c. NAME OF CEMETERY OR CREMATORY: Sheridan Cemetery
23d. LOCATION (City, town, or county) (State): Sheridan, Missouri
24. FUNERAL DIRECTOR: Bill Dunfee ADDRESS: Grant City, Mo.
25. DATE RECD. BY LOCAL REG.: 3-3-60
26. REGISTRAR'S SIGNATURE: Bess Holl

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Billy A. Duplee

Signature of Student Embalmer

Licensed Embalmer No. 4908

P. O. Address Grant Ce

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