

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAR 28 1960

60-011607
 STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3201 Registrar's No. 47

DEED

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson Co.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		c. CITY OR TOWN <u>Leeton</u>	
Length of stay in 1b <u>13 Months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Leeton</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>STONE</u> Last			4. DATE OF DEATH <u>March 21st, 1960</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-24-1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Filling Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Leeton, Johnson Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Marqatet Scroggs</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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>none</u>	17. INFORMANT <u>Mr. George Stone, Leeton, Mo.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>generalized 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) <u>Hypertensive cardiovascular disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Aug. 1959 to March 1960 and last saw him ^{**}alive on 3-19-60
 Death occurred at 1:25 A.M. 3-21-60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. H. Owings</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Warrensburg, Missouri</u>	22c. DATE SIGNED <u>3-21-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>
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24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Missouri.</u>	25. DATE RECD. BY LOCAL REG. <u>March 22, 1960</u>	26. REGISTRAR'S SIGNATURE <u>R. Rex Heber</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Leaton, Johnson Co. Missouri

Johnson

Leaton

12 Months

Warrensburg

Leaton

Pleasant View Nursing Home

March 21st. 1960

STONE

FRED

79

10-24-1880

White

Male

Leaton, Johnson Co. Mo. U.S.A.

Retired Filing Station Operator

Single

Marjaret Scroggs

John C. Stone

Mr. George Stone, Leaton, Mo.

*Central Missouri State College
Warrensburg, Missouri*

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 James S. Hubbs Student Embalmer No: _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James S. Hubbs

3-11-60

March 11 1960

Warrensburg, Mo. 64092

Licensed Embalmer No. 4092

Address Warrensburg, Mo.

3-21-60

NOTED: THIS STATEMENT 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.

3-23-1960

Burial

The Brownings, Warrensburg, Missouri