URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 8 1960

60-023838
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 260

NDED

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Pike
c. CITY OR TOWN: Hull — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bessie Middle: Imo Last: Stone

4. DATE OF DEATH: Month 6 – Day 29 – Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-4-85
9. AGE (last birthday): 75
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Kinderhook, Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel W. Masters
13b. MOTHER'S MAIDEN NAME: Elizabeth E. Maple
14. NAME OF HUSBAND OR WIFE: William H. Stone

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.
17. INFORMANT: Ruth Stone – New Canton, Ill. Address

MEDICAL CERTIFICATION

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)	Pneumonia	acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerotic Heart disease	6 years
DUE TO (c)	Phlebitis right leg	3 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1 1950 to 6/29/60 and last saw her/him alive on 6/29/60
Death occurred at 1:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: Hull, Ill
22c. DATE SIGNED: 7/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-1-1960
23c. NAME OF CEMETERY OR CREMATORY: Kinderhook Cemetery
23d. LOCATION (City, town, or county) (State): Kinderhook, Ill.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home – Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 7/5/60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo

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