

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048412

LED VS JAN 3 1961

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 230

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 7 days		c. CITY OR TOWN 5 miles N. E. of Slater, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle HARVEY Last STONE				4. DATE OF DEATH Month December Day 27 Year 1960				
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 3/29/1903	9. AGE (last birthday) 57	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William E. Stone			13b. MOTHER'S MAIDEN NAME Bertha Simmons		14. NAME OF HUSBAND OR WIFE Mary 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. 390-03-8996		17. INFORMANT Mrs. Harvey Stone, Slater, Mo.		Address RR# 3		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. nephritis & an DUE TO (b) Acute uremia DUE TO (c) Sec. anemia from bleeding gastric ulcer PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Subtotal gastric resection						INTERVAL BETWEEN ONSET AND DEATH 5 days 6 mo.		
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 July 1955 to Dec. 27, 1960 and last saw him alive on Dec. 27, 1960 Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. G. McBurney, M.D. (Degree or title)			22b. ADDRESS Slater, Mo.			22c. DATE SIGNED 12/28/60 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/30/1960	23c. NAME OF CEMETERY OR CREMATORY Slater		23d. LOCATION (City, town, or county) Slater, Missouri				
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 12-29-60	26. REGISTRAR'S SIGNATURE Carl G. Reed			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, W.

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.