

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037522

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 108

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED NOV 13 1962

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Brown</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fairfax</u> Length of stay in lb <u>11 days</u>		c. CITY OR TOWN <u>Horton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Fairfax Community Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>438-1st ave. East</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lillie</u> Middle <u>—</u> Last <u>Stoner</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>1</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/11/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	9. AGE (last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) <u>Fairfax, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Neely Harrington</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hughes</u>	14. NAME OF HUSBAND OR WIFE <u>Dovel Lee Stoner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Blank]</u>	17. INFORMANT Address <u>415 S. Street</u> <u>Mrs. William Weir - Atchison, Kans.</u>
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis</u> DUE TO (b) <u>Unknown</u> DUE TO (c) <u>[Blank]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholecystitis; Arterio sclerosis</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>October 19 8:35</u> to <u>November 1, 1962</u> and last saw her alive on <u>November 1, 1962</u> Pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edward S. Bare MD</u>		22b. ADDRESS <u>Tarkio, Mo.</u>	22c. DATE SIGNED <u>11/4/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/4/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>English Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Near Fairfax, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wilbur L. Schoeler</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 9, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Thermin H. Schoeler</u>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schooner

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

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.