

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043619

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 216

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 4 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY PEMISCOT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NEW MADRID | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI | | Length of stay in 1b 2 Wks | c. CITY OR TOWN PORTAGEVILLE |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) PORTAGEVILLE |
| 3. NAME OF DECEASED (Type or print) JOHN M. STONE | | First Middle Last | 4. DATE OF DEATH NOVEMBER 24, 1962 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/24/1875 |
| 9. AGE (last birthday) 87 | | IF UNDER 1 YEAR Month 2 Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | 11. BIRTHPLACE (City and state or country) Tenn |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Rosie Wells 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. [REDACTED] | |
| 17. INFORMANT Mrs Marie Gaba | | Address 7276 West Everell Ave Chicago, Ill | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] DUE TO (c) [REDACTED] | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 30 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 15 Nov 62 to 24 Nov 62 and last saw him alive on 24 Nov 62 | | Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Of registrant or affiant) [Signature] | | 22b. ADDRESS Portageville, Mo. | 22c. DATE SIGNED 26 Nov. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/26/62 | 23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery | 23d. LOCATION (City, town, or county) (State) Portageville Missouri |
| 24. FUNERAL DIRECTOR ADDRESS DeLisle Funeral Home Portageville, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-30-62 | 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan |

USE BLACK INK OR TYPEWRITER RIBBON

SMITH

JAN 2 1963

STATE OF MISSISSIPPI

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph A. English
Licensed Embalmer No. 4481

P. O. Address Wagonville, Miss

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.