

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005507

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 44Primary Registration District No. 5145Registrar's No. 8

STATE FILE NUMBER

FILED MAR 12 1963

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Breckenridge Twn.</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Breckenridge, Mo RFD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 Middle Last <u>CRAIG STONE</u>		4. DATE OF DEATH Month Day Year <u>Feb. 21, 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10, 1881</u>
9. AGE (last birthday) <u>81 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>Galex, Va.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Grand Stone</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Stone</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>524-14-5433-A</u>	
17. INFORMANT <u>Nellie Stone, Breckenridge, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thromboses</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) <u>infection</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 : Month, Day, Year a.m. p.m.	
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 <u>Hamilton, Mo</u>		20g. COUNTY <u>Hamilton</u>	
20h. STATE <u>Mo</u>		21. I attended the deceased from <u>1/16/62</u> to <u>2/21/63</u> and last saw him alive on <u>2/19/63</u> Death occurred at: <u>7:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>William L. Zinn</u> MD		22b. ADDRESS <u>Chillicothe, Mo</u>	
22c. DATE SIGNED <u>2-23-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>2-24-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	
23d. LOCATION (City, town, or county) <u>Hamilton, Mo RFD</u>		24. FUNERAL DIRECTOR <u>Mead - Pitts</u>	
24. ADDRESS <u>Braymer, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-7-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Ann Zinn</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

(fair)  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 13 1963

**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

*Bernard F. Reed*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.