V.S. No. 300
Rev. 10.48

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39482

BIRTH NO. [redacted] REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 418

12
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Butler — ASH Hill Twp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brosley rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Butler 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brosley Rural 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): L
c. (Last): STONE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24 - 48

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 13 - 1879
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS: 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:
11. BIRTHPLACE (State or foreign country): Harrisburg Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ames Stone
13b. MOTHER'S MAIDEN NAME: Molly Holms
14. NAME OF HUSBAND OR WIFE: Janie Stone Brosley Mo.

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'S SIGNATURE OR NAME: Lenard Stone 3335 N 14th St — ADDRESS: St Louis Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

131a

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Vascular Renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Dec, 1948, *that I last saw the deceased alive on* Dec 21, 1948 *and that death occurred at* 3:30 *p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. J. Skillings Do F
23b. ADDRESS: Fisk Mo.
23c. DATE SIGNED: 12/28/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26-48
24c. NAME OF CEMETERY OR CREMATORY: Browns Chapel
24d. LOCATION (City, town, or county) (State): Brosley mo

DATE REC'D BY LOCAL REG.: 12/28/48
REGISTRAR'S SIGNATURE: G H Minehill 35
25. FUNERAL DIRECTOR'S SIGNATURE: Shelby Funeral Home — ADDRESS: Fisk Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 149 - 9
Date Filed 1 - 3 - 49

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 .....
Student Embalmer

Signed J. E. Stoetta

Licensed Embalmer No. 3479

P. O. Address Dexter, 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 this body is not embalmed, fact should be so stated above.