

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1949

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5764</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Warren Township</u>		c. LENGTH OF STAY (in this place) <u>6 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Warren Township</u>		d. STREET ADDRESS (If rural, give location) <u>Palmyra RFD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PALMYRA RFD.</u>				d. STREET ADDRESS <u>Palmyra RFD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>STONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 11-1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 27 1868</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Richfield Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Marion Frances Bailey</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH NEWMAN</u>			14. NAME OF HUSBAND OR WIFE <u>CHARLES O. STONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dean Stone Palmyra Mo RFD.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral stenosis</u> 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 <u>4070000</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 17, 1949</u> , to <u>NOV 11, 1949</u> , that I last saw the deceased alive on <u>NOV 11, 1949</u> , and that death occurred at <u>7:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. E. Shivers, D.O.</u>				23b. ADDRESS <u>Philadelphia, MO.</u>		23c. DATE SIGNED <u>11-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILSON'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, MO. Illinois</u>	
DATE REC'D BY LOCAL REG. <u>11-14-49</u>		REGISTRAR'S SIGNATURE <u>R. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SON'S Monroe City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 22 1949
MARION CO. HEALTH DEPT.
DATE FILED NOV 26 1949

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.