

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40848

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1117

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Rural Clay township</u>	
c. LENGTH OF STAY (in this place) <u>4 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Ozark, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>		b. (Middle) <u>P.</u>	
		c. (Last) <u>Stoneman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 16, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31, 1881</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. 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>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William C. Stoneman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Todd</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Stoneman</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>Bessie Stoneman, Ozark, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Psychosis</u> DUE TO (c) <u>Cerebral and Generalized arteriosclerosis</u> 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>3 mo.</u> <u>12 mo.</u> <u>18 mo.</u> <u>332X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		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>Nov. 18, 1949</u> , to <u>Dec. 16, 1949</u> , that I last saw the deceased alive on <u>Dec. 15, 1949</u> , and that death occurred at <u>4:45 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William J. Paul, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>12/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 18, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hopedale</u>		24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-19-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schaefer</u>		ADDRESS <u>Springfield, Mo</u>	

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.

Signed..... *Bernard F Wright*

Signed.....
Student Embalmer

Licensed Embalmer No. *4293*

P. O. Address *Springfield, V*

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.