

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 1775

**FILED FEB 2 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 14

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u>		<b>2. USUAL RESIDENCE</b> (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>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3212 Rendlen Avenue</u>	

**3. NAME OF DECEASED** (Type or Print) a. (First) Charles R. b. (Middle) Stone c. (Last) \_\_\_\_\_

**4. DATE OF DEATH** (Month) (Day) (Year) January 19, 1950

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>February 10, 1869</u>	<b>9. AGE</b> (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> IF UNDER 6 HRS. Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Taylorville Illinois</u>
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

**13a. FATHER'S NAME** John Stone **13b. MOTHER'S MAIDEN NAME** Elizabeth Woody **14. NAME OF HUSBAND OR WIFE** Nona Juett Stone

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT'S SIGNATURE OR NAME** Russell R. Stone **ADDRESS** Hannibal Missouri

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Uremia</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 month</u> <u>1 week</u> <u>2 months</u> <u>?</u> <u>26 or X</u>
	<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Diabetes mellitus</u>  DUE TO (c) <u>Arteriosclerotic nephritis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

**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** July 16, 1946, to 1-10-50, 1950, that I last saw the deceased alive on 1-10-50, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) [Signature] **23b. ADDRESS** 100 N. Sixth Hannibal Mo 641-21-50 **23c. DATE SIGNED** \_\_\_\_\_

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24b. DATE** 1/21/1950 **24c. NAME OF CEMETERY OR CREMATORY** Mount Olivet **24d. LOCATION (City, town, or county) (State)** Hannibal Missouri

**DATE REC'D BY LOCAL REG.** 1-23-50 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
440

RECEIVED FEB 1 1950  
STATE OF MISSOURI HEALTH DEPT.  
DATE FILED FEB 1 1950

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.

*John S. Stand*

Signed \_\_\_\_\_

Licensed Embalmer No. 4540

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Hannibal Missouri

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.