S. No. 300
. 10-48

FILED APR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13503

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 141

804
1

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1200 W. 14th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 11200 W. 14 0

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Stone

4. DATE OF DEATH (Month) (Day) (Year) April 18 - 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH [redacted] Unknown
9. AGE (In years last birthday) Abt 79 | 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Cooper Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? U SA

13a. FATHER'S NAME Henry Stone
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME R#3 Harvey Stone ADDRESS Slater 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene of Foot
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 260 X
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* April 17, 1951, *to* April 18, 1951, *that I last saw the deceased alive on* April 17, 1951, *and that death occurred at* 5:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE E C Snavely 0 (Degree or title) MD
23b. ADDRESS Sedalia Mo
23c. DATE SIGNED 4/19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-20-51
24c. NAME OF CEMETERY OR CREMATORY Crown Hill
24d. LOCATION (City, town, or county) Sedalia (State) Mo

DATE REC'D BY LOCAL REG. 4-20-51
REGISTRAR'S SIGNATURE C. Campbell M.D. Goldie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros **ADDRESS** Sedalia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 4-25-51

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

working under my personal supervision.

Student Embalmer No.

Signed K. P. McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia

Signed
Student Embalmer

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.