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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1951

23414

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 2001 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>13 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>418 North Sergeant Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) _____ c. (Last) <u>Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/ 9- 1951</u>		
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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>Feb 23, 1893</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR <u>4</u> Days		IF UNDER 12 HRS. <u>16</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Mgr,</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Leather Co</u>			11. BIRTHPLACE (State or foreign country) <u>Paris, Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
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13a. FATHER'S NAME <u>Louis Klein</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Baum</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased (Henry Stone)</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>486-24-5852</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dexter Brown, 431 No. Sergeant, Joplin, Mo</u>							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>8 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca, Head of Pancreas</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.											

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 7-7-, 1951, to 7-9-, 1951, that I last saw the deceased alive on 7-8-, 1951, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or Title) <u>MD</u>			23b. ADDRESS <u>Joplin Mo</u>			23c. DATE SIGNED <u>7-15-51</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>			
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DATE REC'D BY LOCAL REG. <u>7-21-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort Joplin, Mo</u>		
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RECEIVED 7-23-51

Jasper County Health Office

County File Number 51/7/576

Date Filed 7-23-51

APR 10 1952

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 W.B. Heddleston

Signed.....  
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo.

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.