No. 300 FILED NOV 10 1951
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34104

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 169

490
0

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

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~WEBB City~~ Mineral Twp
c. LENGTH OF STAY (in this place) 48 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JASPER CO. TBC, HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE KANSAS b. COUNTY CHEROKEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COLUMBUS 4150
d. STREET ADDRESS (If rural, give location) RR#4

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) c. (Last) STONEKING

4. DATE OF DEATH (Month) (Day) (Year) 11-1-51

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 10-28-93
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months 0 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER
10b. KIND OF BUSINESS OR INDUSTRY MINING
11. BIRTHPLACE (State or foreign country) SCAMON, KANS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN STONEKING
13b. MOTHER'S MAIDEN NAME FAY (UNKNOWN)
14. NAME OF HUSBAND OR WIFE FAY STONEKING

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

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) SILICO TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNK.

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 001X
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* 10-30, 1951, *to* 11-1, 1951, *that I last saw the deceased alive on* 11-1, 1951, *and that death occurred at* 11:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE D D Douglas (Degree or title) M.D.
23b. ADDRESS Webb City Mo
23c. DATE SIGNED 11/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov 1-1951
24c. NAME OF CEMETERY OR CREMATORY Columbus Cem.
24d. LOCATION (City, town, or county) (State) Columbus, Kansas

DATE REC'D BY LOCAL REG. Nov 1-51
REGISTRAR'S SIGNATURE S. L. Pritchett M.D. 137
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnell-Simpson Mating Webb City, Mo **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-7-51
Jasper County Health Office

County File Number 51/11/833

Date Filed 11-7-51

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Harvey E Cline

Licensed Embalmer No. 4463

P. O. Address Webb 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.