

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16392

State File No. 2144

FILED JUN 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> Morgan <u>5710</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stover, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 Woodland</u>				d. STREET ADDRESS <u>412 Woodland</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence Everet</u> b. (Middle) _____ c. (Last) <u>Cone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/8/52</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married <u>Married</u>		8. DATE OF BIRTH <u>7/21/1894</u>			
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 HOURS 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			11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Harry F Cone</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Briggs CONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY <u>495-03-8718</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Cone</u>				ADDRESS <u>217 B 14 th. K, C. Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary hilus and mediastinal infiltration</u> DUE TO (c) <u>Symphysis anoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute fibrinous pericarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 1/2 mos</u> <u>6 1/2 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2001</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		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>Oct 18</u> , 19 <u>51</u> , to <u>May 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 8</u> , 19 <u>52</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.									
23. SIGNATURE <u>Lois P. Shook</u> (Degree or title)				23b. ADDRESS <u>830 Apple Bldg</u>		23c. DATE SIGNED <u>5-9-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-10-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John R. Shert</u>			ADDRESS <u>R.C. Mc...</u>	

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

NOV 10 1954

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 *John A. Sheil* _____

Licensed Embalmer No. 3625 _____

P. O. Address K. C. 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.