

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

18591

State File No.

4958

Registrar's No.

FILED JUN 16 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Scott					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 22 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston			1003					
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnard Free Skin & Cancer Hosp.			d. STREET ADDRESS (If rural, give location) /									
3. NAME OF DECEASED (Type or Print)			a. (First) Daniel		b. (Middle) E.		c. (Last) Stone		4. DATE OF DEATH (Month) (Day) (Year) 5 27 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5		8. DATE OF BIRTH 5-7-1886		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 15	IF UNDER 24 HRS. Days 19	IF UNDER 1 MIN. Hours /	IF UNDER 1 MIN. Mins. /		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Princeton, Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME John Stone			13b. MOTHER'S MAIDEN NAME Katherine Drannen			14. NAME OF HUSBAND OR WIFE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Hospital record- Barnard Hospital						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) Patient expired 1 1/2 hrs. post operative. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary congestion + edema. DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												
19a. DATE OF OPERATION 5/29/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of lower lip c metastasis to submental lymph nodes									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)			140 X				
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 May 5, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 2:55 p.m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) James G. Giger, M.D.					23b. ADDRESS Barnard Free Skin & Cancer Hosp.			23c. DATE SIGNED 5-27-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-28-52		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) Sikeston, Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.							

(Licensed Embalmer's Statement on Reverse Side)

1001 6 5101

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.....
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.