

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1952

State File No. 21548

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>McBary</u>		c. CITY OR TOWN <u>Madison</u> 0690	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u>	b. (Middle)	c. (Last) <u>Stone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-1952</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>married</u>	8. DATE OF BIRTH <u>3/31/1926</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home making</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe White</u>	13b. MOTHER'S MAIDEN NAME <u>Ransy Henson</u>	14. NAME OF HUSBAND OR WIFE <u>Raymond Stone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Stone</u>	ADDRESS <u>Raymond Stone</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dilatation of heart.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u>		
	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>241X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 7/2 1952 to 7/4 1952 that I last saw the deceased alive on 7/4 1952, and that death occurred at 7:27 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. J. Kelly D.O. 2-University Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>7/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burial Hill, Madison, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/5/52</u>	REGISTRAR'S SIGNATURE <u>Earl William Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred W. Krumpal</u>	ADDRESS <u>Madison, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Mrs. Fred G. Kemmer

Licensed Embalmer No. *3282*

P. O. Address *Mpls. Minn.*

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.