No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1952

State File No. 24873

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 142

490 4

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): Carthage Rural
c. LENGTH OF STAY (in this place): 2 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fair Acres

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
d. STREET ADDRESS (If rural, give location): Miners Bank Bldg.

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Toomey
c. (Last): Stone

4. DATE OF DEATH (Month) (Day) (Year): 7-28-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-16-1873
9. AGE (In years last birthday): 79 — If under 1 year: Months 0, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Stone

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

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): Chronic Bright's disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): No History
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 592X
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): Carthage Jasper Mo
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* 7-6, 1952, *to* 7-28, 1952, *that I last saw the deceased alive on* 7-20, 1952 *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K E Baker
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-29-52
24c. NAME OF CEMETERY OR CREMATORY: Carl Junction Cem.
24d. LOCATION (City, town, or county) (State): Carl Junction Mo.

DATE REC'D BY LOCAL REG.: 7-29-52
REGISTRAR'S SIGNATURE: L B Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Don Coney — ADDRESS: Carl Jct. Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-6-52
Jasper County Health Office
County File Number 52/8/610
Date Filed 8-6-52

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. Ames

Licensed Embalmer No. 4463

P. O. Address Lewis 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.