

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31352

State File No.

FILED SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>842</u>
1. PLACE OF DEATH a. COUNTY <u>Bremer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BREMER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u> 0326		
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>2155 N LYON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Residence 2155 N LYON</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ANN</u> c. (Last) <u>STONE</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW 9</u>	8. DATE OF BIRTH <u>DEC 8 - 1877</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 WKS: Hours _____ Mins _____
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</u>	11. BIRTHPLACE (State or foreign country) <u>Scotland County Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>James Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Burns</u>	14. NAME OF HUSBAND OR WIFE <u>Simmon Stone</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>son Herbert Stone Springfield Mo</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>6 years</u> <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>June 10th, 1950</u> to <u>Sept 13, 1952</u> , that I last saw the deceased alive on <u>Sept 12, 1952</u> , and that death occurred at <u>6:25 p.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>W. B. Reynolds, D.O.</u> (Degree or title)		23b. ADDRESS <u>818 Landrum Bldg. Springfield Mo</u>	23c. DATE SIGNED <u>9/13/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bible Grove Cemetery</u>	24d. LOCATION (City, town, or county) <u>Bible Grove</u>	(State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-18-52</u>	REGISTRAR'S SIGNATURE <u>Calvin Wilkerson</u> Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brum - Daniel Ash Grove - Mo</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 16 1952

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Doyle L. Laurel

Licensed Embalmer No. *4702*

P. O. Address *Park Grove, 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.