

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. 3043
Registrar's No. 305

FILED OCT 8 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 209

0644

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ludrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mannibell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	
c. LENGTH OF STAY (In this place) <u>9/27/52</u>		d. STREET ADDRESS (If rural, give location) <u>1624 North Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rufus</u> b. (Middle) <u>Garth</u> c. (Last) <u>Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 30, 52</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1893</u>	9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR <u>2</u> Months	11. UNDER 1 YEAR <u>28</u> Days	12. UNDER 1 YEAR <u>28</u> Hours	13. UNDER 1 YEAR <u>28</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mexico Refinery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
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13a. FATHER'S NAME <u>JASPER James Joseph Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Sabina</u>		14. NAME OF HUSBAND OR WIFE <u>BELLE Effie Billie Stone</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488 24 6187</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rufus Stone Mexico Missouri</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</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				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) <u>4201</u>	
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5.15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1001 Broadway</u>		23c. DATE SIGNED <u>9/29/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/30/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>9/30/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. LOCAL HEALTH DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mannibell</u>	
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RECEIVED OCT 6 1952

ADON CO. HEALTH D¹

DATE FILED OCT 6 1952

OCT 31 1952
7961 T 130

OCT 16 1952
7961 T 130

OCT 21 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.

State of Missouri }
County of Audrain } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 32285

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 17th day of October, 1952, before me appears Effie Belle Stone, who, upon Her oath, states that the original record of ~~birth~~ death for Rufus Garth Stone died Sept. 30 ~~XXXX~~, 1952, in the State of Missouri, and which was filed at Hannibal, Mo. on Sept. 30, 1952 should be corrected as follows:

Item No. 10b should read Mexico Refractories

Instead of Mexico Refinery

Item No. 13a should read James Jasper Stone

Instead of James Joseph Stone

Item No. 17 should read Effie Belle Stone

Instead of Effie Billie Stone

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Effie Belle Stone Wife
1624 N. Clark St. Relationship.
Mexico, Mo.
Present Address.

Subscribed and sworn to before me this 17th day of October, 1952.

My Commission expires May 25, 1955
[Signature] Notary Public

Effie Belle Stone Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Sup-32285.