No. 300
10.48
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39095

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 216

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural V-14 - Van Buren Twp
c. LENGTH OF STAY (in this place): 10 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V-14 Lake Lotawana

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Van Buren Twp - Rural
d. STREET ADDRESS (If rural, give location): V-14 Lake Lotawana

3. NAME OF DECEASED (Type or Print): a. (First) Bruce b. (Middle) Clifford c. (Last) Stonum

4. DATE OF DEATH (Month) (Day) (Year): 11-26-52

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 22-1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electric
11. BIRTHPLACE (City and State or Foreign Country): Nevada Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George A. Stonum
13b. MOTHER'S MAIDEN NAME: Carrie M Vincent
14. NAME OF HUSBAND OR WIFE: Gladys Stonum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 495-01-5229
17. INFORMANT'S SIGNATURE OR NAME: Gladys Stonum Lees Summit Mo — 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): Cancer of rectum — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 12-8-50
19b. MAJOR FINDINGS OF OPERATION: Cancer of rectum 154X
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)
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* 12-3, 1950, *to* 11-26, 1952, *that I last saw the deceased alive on* 10-15, 1952, *and that death occurred at* 1:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip Taper M.D.
23b. ADDRESS: Lees Summit Mo
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-27-52
24c. NAME OF CEMETERY OR CREMATORY: Lees Summit
24d. LOCATION (City, town, or county) (State): Lees Summit Mo

DATE REC'D BY LOCAL REG.: 11-27-52
REGISTRAR'S SIGNATURE: Donald C. Earnshaw 378
25. FUNERAL DIRECTOR'S SIGNATURE: N.B. Langsford — ADDRESS: Lees Summit Mo

(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 N B Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit Jo.

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.