

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17018

State File No. ....

FILED JUN 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Benton</u> <u>0080</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>KANSAS</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>W7HSDW</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>8154</u>	
c. LENGTH OF STAY (in this place) <u>—</u>		d. STREET ADDRESS (If rural, give location) <u>1715 North 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>			

3. NAME OF DECEASED a. (First) <u>EDWARD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>STONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10, 1953</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>Feb. 9, 1929</u>	9. AGE (in years last birthday) <u>24</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	11. IF UNDER 18 HRS. Hours <u>—</u> Mins. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Bank Store Manager A.P. Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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13a. FATHER'S NAME <u>Earnest Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Vollrath</u>		14. NAME OF HUSBAND OR WIFE <u>Patricia Stone</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes</u> <u>W-W-II</u>		16. SOCIAL SECURITY NO. <u>515-16-1904</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Patricia Stone</u>		18. ADDRESS <u>1115 N 13th Kansas City, Kans.</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>Congestion of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Explosion of water</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>Accidental drowning</u>		

19a. DATE OF OPERATION <u>9 29 8</u>	19b. MAJOR FINDINGS OF OPERATION <u>42</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from noon, 1953, to noon, 1953, that I last saw the deceased alive on noon, 1953, and that death occurred at 7:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold B. Wickett</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Cole Camp Mo</u>	23c. DATE SIGNED <u>6/11/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/11/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rising Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>6/11/53</u>	REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Keser</u>	ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 6 1953

FEB 5 1954

**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 John F. Reese

Licensed Embalmer No. 4098

P. O. Address Warsaw

**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.