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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22077

FILED JUN 17 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>61</u>		
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		c. LENGTH OF STAY (In this place) <u>UNKNOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		0551 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>120 JASPER</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>Alice</u>		c. (Last) <u>STONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED (W)</u>	8. DATE OF BIRTH <u>MARCH 30, 1875</u>		9. AGE (In years last birthday) <u>78</u>	10 UNDER 1 YEAR <u>1</u>	11 UNDER 100 HRS. <u>23</u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Reading, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>		
13a. FATHER'S NAME <u>Thomas Ripper</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Ault</u>		14. NAME OF HUSBAND OR WIFE <u>George Stone (D)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS TROY FARRELL AURORA</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>				DUE TO (b) <u>Pulmonary Edema</u>		<u>2 days - 10 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 <u>241X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 April - 1953, to May 23, 1953, that I last saw the deceased alive on 5/22, 1953, and that death occurred at 5:20 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. L. Loran</u>				23b. ADDRESS <u>Aurora Mo.</u>		23c. DATE SIGNED <u>5/23/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>AURORA, MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-23-1953</u>		REGISTRAR'S SIGNATURE <u>Ora McNatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas L. Marsh Aurora</u>				

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert E. Gublerman

Licensed Embalmer No. *4916*

P. O. Address *Aurora, 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.