

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25748

State File No. ....

FILED JUL 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 5825 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>New Madrid Como Twp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) <u>6 Mi. S. E. Malden</u> COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>6 Mi. S.E. Malden</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>6 Mi. S. E. Malden, Como Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Como Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS <u>0720</u>		

3. NAME OF DECEASED (Type or Print) <u>Harvey Franklin Stone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 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>Sept. 13, 1886</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>66 8 29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Galconda, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Ben Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Norton 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) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-20-6569</u>	17. INFORMANT'S SIGNATURE OR NAME <u>592 X</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrotic accret.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Hypertension</u>		
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 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)
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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 June 6, 1953, to June 11, 1953, that I last saw the deceased alive on June 11, 1953 and that death occurred at 6 P. m. (from the causes and on the date stated above).

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Malden</u>	23c. DATE SIGNED <u>June 18 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 13, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MALDEN, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7/23/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u>	ADDRESS <u>MALDEN, MO.</u>
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WHILE PLAINLY USING 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

*J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

**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.