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

FILED SEP 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32303

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): Few Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
d. STREET ADDRESS (If rural, give location): Ozark Hotel. 0551 0

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): B.
c. (Last): Stone

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: Dec. 22 1907
9. AGE (In years last birthday): 45 — 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): Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Monett, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Richard P. Stone
13b. MOTHER'S MAIDEN NAME: Mattie Roark
14. NAME OF HUSBAND OR WIFE: None
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.: Unkown
17. INFORMANT'S SIGNATURE OR NAME: Richard Stone — ADDRESS: Aurora Mo.

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few days

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
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 10:15 PM 53 *to* 18:45 PM 53, *that I last saw the deceased alive on* 21 Sept, 1953, *and that death occurred at* 11:50 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Kenneth L. Kelsey M.D.
23b. ADDRESS: 511 N. McNatt, Aurora Mo.
23c. DATE SIGNED: 22 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-53
24c. NAME OF CEMETERY OR CREMATORY: Maple Park
24d. LOCATION (City, town, or county) (State): Aurora Mo.

DATE REC'D BY LOCAL REG.: 9-23-53
REGISTRAR'S SIGNATURE: Ora McNatt 157
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: William Wood Funeral home, Aurora, Mo. James W. Crafton

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(Licensed Embalmer's Statement on Reverse Side)

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 James A. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora Ore.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.