No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5160

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indep San + Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 9755 Winner Rd.

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

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1954

5. SEX: M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10 April - 1895

9. AGE (In years last birthday): 58
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): Owner - Mfg. Veterinary Supply

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (City and State or Foreign Country): Kansas City Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry A. Stone

13b. MOTHER'S MAIDEN NAME: Rosenluff

14. NAME OF HUSBAND OR WIFE: Marie M. Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 492-36-7036

17. INFORMANT'S SIGNATURE OR NAME: Mrs. E. A. Stone
ADDRESS: Indep. 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) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 48 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spontaneous Pneumothorax — 6 days
DUE TO (c) Bronchial asthma — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary fibrosis — 10

19a. DATE OF OPERATION: ____

19b. MAJOR FINDINGS OF OPERATION: 241 X

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* Feb 17, 1954 *to* Feb 24, 1954 *that I last saw the deceased alive on* Feb 23 1954 *and that death occurred at* 4:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Allen M.D.

23b. ADDRESS: Independence, Mo.

23c. DATE SIGNED: 2-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 26 Feb-54

24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington

24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: Feb. 26-54

REGISTRAR'S SIGNATURE: [signature] 354

25. FUNERAL DIRECTOR'S SIGNATURE: Ott + Mitchell
ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

(W)

MAY 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jason T. White

Licensed Embalmer No. 492

P. O. Address Indep...

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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