

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10816**

XC-1213840
REG#117085
FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 611

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6 DAYS		STREET ADDRESS (If rural, give location) 4134 FEDERER	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. VETERANS ADMINISTRATION HOSPITAL		2019	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) W.	c. (Last) STONE	4. DATE OF DEATH (Month) (Day) (Year) 3-8-54
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5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-24-92	9. AGE (In years last birthday) 62 YRS	10 UNDER 1 YEAR Months _____ Days _____	10 OVER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL EMPLOYEE	10b. KIND OF BUSINESS OR INDUSTRY U.S.A. POST OFFICE	11. BIRTHPLACE (City and State or Foreign Country) OSAWATOMIE, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WARD STONE	13b. MOTHER'S MAIDEN NAME NELLIE FOLEY	14. NAME OF HUSBAND OR WIFE PAULINE STONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	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, asthma, 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) PULMONARY EDEMA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL FAILURE DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE		
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 443X	20. AUTOPSY? YES <input checked="" 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) m.	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 ^{VA} attended the deceased from 3-2, 1954, to 3-8, 1954, and that death occurred at 6:10pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Charlott H. Sparks</i> M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO.	23c. DATE SIGNED 3-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-11-54	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	24d. LOCATION (City, town, or county) (State) JEFFERSON BRKS., Mo
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DATE RECD BY LOCAL REG. 3/10/54	REGISTRAR'S SIGNATURE <i>Heber K. Tomke</i>	25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME	ADDRESS 6222 S. GRAND
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Van Tassan*

Licensed Embalmer No. *424*

P. O. Address *6322 4th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.