

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26367

State File No. _____

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 872

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 32 yrs.		d. STREET ADDRESS (If rural, give location) 1701 Grand Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1701 Grand Avenue			

01170

3. NAME OF DECEASED (Type or Print) a. (First) LEE		b. (Middle)		c. (Last) STONE		4. DATE OF DEATH (Month) (Day) (Year) August 7 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 18, 1878	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Lebanon Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Marcus William Brashear		13b. MOTHER'S MAIDEN NAME Margurite Isabelle Timmons		14. NAME OF HUSBAND OR WIFE Grant Stone	

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. None		17. INFORMANT'S SIGNATURE OR NAME Grant Stone		ADDRESS St. Joseph, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE CARCINOMA OF ASCENDING COLON				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
ANTECEDENT CAUSES Morbidity 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 153 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 SEPT. 15, 1953, to AUG. 7, 1954, that I last saw the deceased alive on AUG. 6, 1954, and that death occurred at 3:05P M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence N. Grifer, MD		23b. ADDRESS 1218 N. 3RD. ST. JOSEPH, MO.		23c. DATE SIGNED 8-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 10, 1954		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	
		24d. LOCATION (City, town, or county) (State) Springfield, Missouri			

DATE REC'D BY LOCAL REG. Aug 11, 1954		REGISTRAR'S SIGNATURE Fletcher M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Stamary Funeral Home St. Joseph, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St Joseph Mo*

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

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