No. 300
10-48

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40360

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN Harrisonville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 503 SOUTH ST 0191 0

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) STONE

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Jan 18 1876
9. AGE (In years last birthday) 78 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) Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (City and State or Foreign Country) Lincoln Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Orin Stone
13b. MOTHER'S MAIDEN NAME Jane Baker
14. NAME OF HUSBAND OR WIFE Myrtle Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 493-34-5407
17. INFORMANT'S SIGNATURE OR NAME S A Stone Harrisonville ADDRESS 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) PERFORATED GALL BLADDER. PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHR. INTERSTITAL NEPHRITIS
DUE TO (c) ARTERIAL HYPERTENSION

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 592 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* 12 8 *19*54*, to* 12 16 *19*54*, that I last saw the deceased alive on* 12-16 *19*54*, and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE David S Long MD (Degree or title)
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED 12/18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 19 1954
24c. NAME OF CEMETERY OR CREMATORY Barton City Cemetery
24d. LOCATION (City, town, or county) Liberal (State) Mo.

DATE REC'D BY LOCAL REG. Dec 18-54
REGISTRAR'S SIGNATURE Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburgers ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 20 1954
HEALTH DEPARTMENT

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 Ernest Rennenbu

Licensed Embalmer No. 33

P. O. Address Harrisonv

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.