

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1955

State File No. **297**  
Registrar's No. **125**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Buchanan 0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>31 years</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1626 1/2 S. 10th St. 0-117 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Millard</b>			b. (Middle) _____			c. (Last) <b>Stonebarger</b>	
4. DATE OF DEATH <b>February 1, 1955</b>		5. SEX <b>male 0</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>November 11, 1896</b>		9. AGE (In years last birthday) <b>58-59</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bridge Builder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Truesdale, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Stonebarger</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza VanBibber</b>	
14. NAME OF HUSBAND OR WIFE <b>Marguerite</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>712 01-9798 NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marguerite Stonebarger</b> ADDRESS <b>1626 1/2 S. 10th St. Joseph Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerotic Heart disease</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) _____			
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 <b>Jan. 23, 1955</b> , to <b>Feb 1, 1955</b> , that I last saw the deceased alive on <b>Jan 31, 1955</b> , and that death occurred at <b>7:00 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. P. Senon M.D.</b>		(Degree or title) <b>0</b>		23b. ADDRESS <b>St. Joseph Mo</b>			
23c. DATE SIGNED <b>2-2-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2/4/1955</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		DATE REC'D BY LOCAL REG. <b>Feb 9, 1955</b>			
REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		485		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heston - Bowman</b> ADDRESS <b>St. Joseph, Mo</b>			

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

*Mr. Denver*

FEB 14 1955

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 *Eugene Wood* .....

Licensed Embalmer No. *380*

P. O. Address *319 1/2 10th 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.