No. 300
10.48

FILED MAR 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8940

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 5826 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaFont Twsp
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles NE. of Portageville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid 0 120
c. CITY OR TOWN: Portageville Rl
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): March 10 1955

5. SEX: Male 1
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Jan. 9 1898
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 2, Days 1, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Marianna, Arkansas /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Lonzo Stone
13b. MOTHER'S MAIDEN NAME: Elzia Richardson
14. NAME OF HUSBAND OR WIFE: Anna 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.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Anna Stone-Portageville, Mo. R.1

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid 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. Bronchial Asthma — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 491X
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* 3-9, 1911, *to* 3-10, 1955, *that I last saw the deceased alive on* 3-9, 1955, *and that death occurred at* 2:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Killion MD
23b. ADDRESS: Portageville Mo
23c. DATE SIGNED: 3-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-13-1955
24c. NAME OF CEMETERY OR CREMATORY: Free Will
24d. LOCATION (City, town, or county) (State): Point Pleasant, Mo.

DATE REC'D BY LOCAL REG.: 3-15-1955
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ponder Funeral Home-Lilbourn, Mo.

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Homer L. Ponder

Licensed Embalmer No. 336

P. O. Address Tilbourn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.