

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 28 1955 STANDARD CERTIFICATE OF DEATH

State File No. **29849**
4019

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 11 Months	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 1217 W. HIGH	

3. NAME OF DECEASED (Type or Print)	a. (First) CLAUDE	b. (Middle) M.	c. (Last) STONE	4. DATE OF DEATH (Month) (Day) (Year) September 13, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 2, 1895	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRIDGE STEEL FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY FRISCO LINE'S		11. BIRTHPLACE (City and State or Foreign Country) Marshfield, Missouri
				12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Stone		13b. MOTHER'S MAIDEN NAME Isabelle Cain		14. NAME OF HUSBAND OR WIFE Hazel D. STONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 54⁰⁰
	ANTECEDENT CAUSES DUE TO (b) Peptic ulcer, duodenal Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Metastatic carcinoma 6-7 thoracic vertebra, lt. kidney, lymph nodes and Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION right common iliac		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) VA	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 October 14, 1954, to September 13, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE GUIDO PODRECCA, M.D. <i>Guido Podrecca</i> (Degree or title)	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 9/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE SEPT-14-1955	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD MISSOURI
DATE REC'D BY LOCAL REG. 9-14-55	REGISTRAR'S SIGNATURE <i>Neval Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>D.W. Neocameilons</i> 1331 BUSH CREEK KANSAS CITY MO.	

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

SEP 30 1956

1340

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..... *Robert E. Larson*

Licensed Embalmer No. *981*

P. O. Address..... *R. E. Larson*

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