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FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39610**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>	c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARTON CO MEMORIAL HOSPT</u>		e. STREET ADDRESS (If rural, give location) <u>RRI SHELDON MO 1080</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>STONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 16 1955</u>							
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 7 - 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 HRS. Days <u>9</u>	IF UNDER 15 MIN. Hours <u>9</u>	IF UNDER 15 MIN. Min. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRAIN FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WELLSVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>MONROE STONE</u>	13b. MOTHER'S MAIDEN NAME <u>ALPHIE TURK</u>	14. NAME OF HUSBAND OR WIFE <u>SOPHIA N. STONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sophie Stone</u> ADDRESS <u>RRI Sheldon Mo</u>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		ANTecedent CAUSES		—
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		—
DUE TO (b) _____		DUE TO (c) <u>491X</u>		—
II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arteriosclerosis</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>Semility</u>		—
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) _____ m. _____	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 11-4, 1955, to 12-16, 1955, that I last saw the deceased alive on 12-16, 1955, and that death occurred at 3:35A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas Baranoff M.D.</u>	23b. ADDRESS <u>1204 Guel - Lamar, Mo</u>	23c. DATE SIGNED <u>12/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 18 '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHELDON</u>	24d. LOCATION (City, town, or county) (State) <u>SHELDON MO</u>

DATE REC'D BY LOCAL REG. <u>DEC 23 1955</u>	REGISTRAR'S SIGNATURE <u>Maria Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Barnard Beery</u> ADDRESS <u>Sheldon Mo</u>
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(Licensed Embalmer) (Printout 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *S. Bernard Perry*

Licensed Embalmer No. *41*

P. O. Address *Shelton*

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