

FILED JAN 23 1956

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

2021

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hannibal</u> )		c. LENGTH OF STAY (in this place) <u>5 Min</u>		c. CITY OR TOWN <u>Hannibal</u>		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>St. Elizabeth Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>220<sup>th</sup> Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u>		b. (Middle) <u>Cleveland</u>		c. (Last) <u>Stone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 9 - 1956</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>1887</u> <u>Dec 17, 1886</u>		9. AGE (In years, Month, Days) <u>68</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Curryville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Wm. Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Emilie Stone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW I No!</u>		16. SOCIAL SECURITY NO. <u>491-14-1680</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emilie Stone</u> ADDRESS <u>Hannibal, MO.</u>			
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Cardiac Arrhythmia</u> DUE TO (c) <u>arrhythmia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>10 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		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 <u>1-3</u> , 19 <u>56</u> to <u>1-9</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-3</u> , 19 <u>56</u> , and that death occurred at <u>11:10 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Handley M.D.</u> (Degree or title)				23b. ADDRESS <u>Hannibal MO</u>		23c. DATE SIGNED <u>1-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-11-56</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luch...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Clark</u>		ADDRESS <u>Hannibal, Mo.</u>	

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

No. 300  
10-48

RECEIVED JAN 19 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 19 1956

JAN 31 1956

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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..... 

Licensed Embalmer No. 4217

P. O. Address Hannibal, M.....

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.