

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>RANDOLPH</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>MOBERLY</u>)		a. STATE <u>MISSOURI</u>		b. COUNTY <u>MONROE</u>	
c. LENGTH OF STAY (in this place) <u>4 HRS.</u>		c. CITY OR TOWN <u>RURAL</u> <u>JEFFERSON TWP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>A 90</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>				STREET ADDRESS (If rural, give location) <u>STAR RT., PARIS 0691</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>LUGUS</u>	b. (Middle) <u>ROTEN</u>	c. (Last) <u>STONE</u>	(Month) <u>APRIL</u>	(Day) <u>16</u>	(Year) <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 19, 1883</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REYNOLDS METAL CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOONE Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ISAAC J. STONE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-JANE STICE</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA F. STONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NR</u>		16. SOCIAL SECURITY NO. <u>498-03-0204</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLIFFORD FERRIGO, PARIS, MO.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Ulcers with</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Massive hemorrhage</u>				<u>N.K.</u>	
		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"/>	
						<u>54 00</u>	
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>4-14-56</u> to <u>4-16-56</u> , that I last saw the deceased alive on <u>4-16, 1956</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F.A. Barnett</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>4-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DRIPPING SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>BOONE Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/19/56</u>		REGISTRAR'S SIGNATURE <u>Leberbauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

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 *E. H. Agnew*.....

Licensed Embalmer No. *400*.....

P. O. Address *PARIS, MISSOURI*.....

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.