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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
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FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16823**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1216 S. Garrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1400 Clinton			

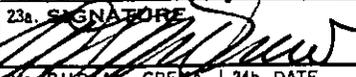
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bertha	b. (Middle) Viola	c. (Last) Stone	(Month) May	(Day) 1	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-29-1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jasper, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. B. Morrison	13b. MOTHER'S MAIDEN NAME Mollie Bradshaw	14. NAME OF HUSBAND OR WIFE John W. Stone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. yes	17. INFORMANT'S SIGNATURE OR NAME John W. Stone, Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sarcoma of Uterus ANTECEDENT CAUSES Endometrial Carcinoma of Cervix treated by morbid conditions, if any, arising due to (b) massive dose of X ray. 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 171x	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 1-19-1953, to 5-1-1956 that I last saw the deceased alive on 5-1-1956, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title) M. D.	23b. ADDRESS Garthage, Mo.	23c. DATE SIGNED 5-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/4/56	24c. NAME OF CEMETERY OR CREMATORY Park Gemetery	24d. LOCATION (City, town, or county) (State) Garthage, MO.

DATE REC'D BY LOCAL REG. 5-3-56	REGISTRAR'S SIGNATURE 	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Garthage, Mo.	ADDRESS
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RECEIVED MAY 15 1956
Jasper County Health Office

County File Number 56-5-1113
Date Filed MAY 15 1956

MAY 23 1956

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 William A. Fulk

Licensed Embalmer No. 46

P. O. Address Centerville

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.