

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

437676  
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Peculiar Twp</u>		c. CITY OR TOWN <u>Rural Peculiar Twp</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD # Harrisonville</u> Length of stay in lb <u>3.8 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>RFD # Harrisonville</u>	
3. NAME OF DECEASED (Type or print) First <u>SAMUEL</u> Middle <u>ALFRED</u> Last <u>STONE</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>27</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 29 1873</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter - Retired</u>		11. BIRTHPLACE (City and state or country) <u>Rogan Co Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Oren Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Kate Maguire Stone</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-07-0774</u>	17. INFORMANT <u>KATE M STONE</u> Address <u>Harrisonville Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> DUE TO (b) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>9/9/57</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4222</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm; factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
21. I attended the deceased from <u>SEPT 9 1957</u> to <u>DEC 27 57</u> and last saw her/him alive on <u>DEC 27 1957</u> . Death occurred at <u>5 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edward S. Long</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>HARRISONVILLE, MO.</u>	22c. DATE SIGNED <u>12/30/57</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 30 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Rennenbuges</u> ADDRESS <u>Harrisonville Mo</u>		25. DATE RECD BY LOCAL REG. <u>Dec 30 1957</u>	26. REGISTRAR'S SIGNATURE <u>Dora Barnard</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED  
JAN 6 1958  
HEALTH DEPARTMENT

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 *James R. Phillips* .....

Licensed Embalmer No. *4691* .....

P. O. Address *Harrisonville, Mo.* .....

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.