

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 697

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Boonville | | c. CITY OR TOWN Boonville | |
| c. LENGTH OF STAY (in this place) 30 Yrs. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At home, 605 Roberts St. | | STREET ADDRESS (If rural, give location) 605 Roberts St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Kelly Eugene b. (Middle) _____ c. (Last) Stone. | | | 4. DATE OF DEATH (Month) (Day) (Year) January 5 1958 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH November 19, 1875 | | 9. AGE (in years last birthday) 82 | | IF UNDER 1 YEAR: Months _____ Days _____ | |
| IF UNDER 1 YEAR: Hours _____ Min. _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY Barber Shop. | |
| 11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri. | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Wm. Henry Stone | | 13b. MOTHER'S MAIDEN NAME Ellen Alexander | | 14. NAME OF HUSBAND OR WIFE Louise Townsend Stone. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 486-03-6768 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kelly E. Stone, Boonville, Mo | |

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|--|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute decompensated heart failure | | INTERVAL BETWEEN ONSET AND DEATH 5 years | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 2 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) 4200 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 1-5, 1958, to 1-5, 1958, that I last saw the deceased alive on 1-5, 1958, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE William A. Ober (Degree or title) MD | | 23b. ADDRESS 329 Main St. Boonville Mo | | 23c. DATE SIGNED 1/9/58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 7/1958 | | 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove | |
| | | 24d. LOCATION (City, town, or county) (State) Boonville, Missouri. | | | |

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| DATE REC'D BY LOCAL REG. 1/7/58 | | REGISTRAR'S SIGNATURE DD Cooper | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo. | |
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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 *William N. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.