

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027989  
STATE FILE NUMBER

S. 300

7-1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 12 1958		Registration District No. 360		Primary Registration District No. 3076		Registrar's No. 146	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Nevada, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>			Length of stay in 1b <b>36 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>830 South Adams St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Stone</b> Last <b>Stone</b>				4. DATE OF DEATH Month <b>August</b> Day <b>4</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 7, 1878</b>		9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months <b>9</b> Days <b>28</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Stone</b>			13b. MOTHER'S MAIDEN NAME <b>Harriett Ball</b>			14. NAME OF HUSBAND OR WIFE <del>XXXXXX</del> <b>Mrs. Callie Stone</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>49-05-9388</b>		17. INFORMANT Address <b>830 S-Adams St</b> <b>Mrs. Callie Stone, Nevada, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary infarction, recurrent</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary coronary infarction, severe</b>						2 mos.	
DUE TO (c) <b>4201</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute coronary infarction, severe, June 5, 1958.</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)				
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>							
20d. INJURY OCCURRED WHILE AT WORK <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 <b></b> STATE <b></b>	
21. I attended the deceased from <b>May 17, 1941</b> to <b>Aug. 4, 1958</b> and last saw <del>her</del> him alive on <b>Aug. 3, 1958</b> . Death occurred at <b>Nevada, Mo.</b> <b>12:30</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>R. B. Wray, M. D.</b> (Degree or title)				22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>			22c. DATE SIGNED <b>8-5-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 7, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deepwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada, Vernon, Missouri</b>		
24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b> <b>Nevada, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>8-8-1958</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Jerrys</b>	

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 *Richard L. Lipton* .....

Licensed Embalmer No. *5053* .....

P. O. Address *H. L. Lipton, Kansas* .....

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.