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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028141
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 15 Primary Registration District No. 5067 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Central Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Liberal (Rural) 0060 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Jessie Middle Pearl Last Stone

4. DATE OF DEATH Month Aug. Day 22, Year 1958

5. SEX Fe. 1
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 26, 1881
9. AGE (In years last birthday) 77 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Bedford Iowa 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gregg Hamilton
13b. MOTHER'S MAIDEN NAME Isabell Holderman
14. NAME OF HUSBAND OR WIFE Frank Stone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Frank Stone Address Liberal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Hypertensive Heart Disease 592X — 2 Mos.
DUE TO (c) Chronic Glomerulonephritis — 3 Mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recumbency and Chr. Passive Congestion
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 7-1957 to Aug. 22-58 and last saw her alive on Aug. 22, 1958
Death occurred at 11:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Munroe Kneeland, D.D.
22b. ADDRESS Liberal, Mo.
22c. DATE SIGNED 8-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8-24-1958
23c. NAME OF CEMETERY OR CREMATORY Barton City
23d. LOCATION (City, town, or county) Barton Co. (State) Mo

24. FUNERAL DIRECTOR J.M. Berkey ADDRESS Walbeng Ks.
25. DATE RECD. BY LOCAL REG. AUG 26 '58
26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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SEP 10 1958

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 J M Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry A

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.