URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-027987
STATE FILE NUMBER

FILED VS JUL 27 1960 310 Registration District No. Primary Registration District No. 3058 Registrar's No. 151

ENDED

1. PLACE OF DEATH
a. COUNTY Saint Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Charles
c. CITY OR TOWN Saint Charles — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1705 North Third St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John — Middle Howard — Last Stonebraker
4. DATE OF DEATH: Month July — Day 16 — Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 29, 1883
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Saint Charles Co., Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Morris Stonebraker
13b. MOTHER'S MAIDEN NAME: Mary Timberlake
14. NAME OF HUSBAND OR WIFE:
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.: 488-12-5405
17. INFORMANT: H.G.Stonebraker, Address: Bellflower, Calif.

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 July 15, 1960 to July 16, 1960 and last saw ~~her~~ him alive on July 16, 1960
Death occurred at 7:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Don Z. Randall (Degree or title) M.D.
22b. ADDRESS: 2205 S. 6th St. Charles, Mo.
22c. DATE SIGNED: July 18, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 19, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

24. FUNERAL DIRECTOR: H.C.Dallmeyer & Sons, ADDRESS: St. Charles, Mo.
25. DATE RECD. BY LOCAL REG.: July 19-60
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 27 1960

NOV 9 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.