

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037511

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 36

AMENDED

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kenwood		c. CITY OR TOWN Kenwood Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle JAMES Last STONER			4. DATE OF DEATH Month Oct Day 22 Year 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8 Sept 1903	9. AGE (last birthday) 58	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) Merchant-Railroad		10b. KIND OF BUSINESS OR INDUSTRY Kenwood, Mo		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME John C Stoner	13b. MOTHER'S MAIDEN NAME Elizabeth Catherine Irwin Mildred Kintner Stoner	14. NAME OF HUSBAND OR WIFE Mrs. John J. Stoner Hurdland, Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Mrs. John J. Stoner Hurdland, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma of his lungs with multiple metastases.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____			

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 Edina, Mo	COUNTY _____ STATE _____
21. I attended the deceased from July 15th 1961 to Oct. 22nd 1961 and last saw him alive on Oct. 22nd 1961 Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Francis Tarvydas M.D.	(Degree or title)	22b. ADDRESS Edina, Missouri	22c. DATE SIGNED Oct. 26 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 24 Oct 1961	23c. NAME OF CEMETERY OR CREMATORY New Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Edina, Mo
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24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME Edina, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct-25-1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

FEB 2 1962

NOV 3 1961

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 _____

AYR

Licensed Embalmer No. 5041

P. O. Address Edina 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.

Burial permit requested