

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027164

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 58

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 26 1963

VS 300
Rev. 4/59

1 0061
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Lamar</u> | | Length of stay in 1b <u>4 days</u> | c. CITY OR TOWN <u>Inuir</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lamar Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>R. R. # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Billy</u> Middle <u>Carl</u> Last <u>Stoner</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/11/1930</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>32</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 11a. BIRTHPLACE (City and state or country) <u>Cleveland, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>William Stoner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Agnes Stoner</u> | 14. NAME OF HUSBAND OR WIFE <u>Lila Lee Lloyd</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>U.S. Army</u> | | 17. INFORMANT <u>Lila Stoner</u> Address <u>Inuir, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Leukemia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 months.</u> |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>December 1957</u> , to <u>July 14, 1963</u> and last saw ^{her} him alive on <u>7-14-63--6:00P.M.</u> Death occurred at <u>9:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>E. Guldner</u> (Deponent or title) <u>Edmond Guldner, M.D.</u> | | 22b. ADDRESS <u>1103 Broadway, Lamar, Mo.</u> | 22c. DATE SIGNED <u>7-15-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 18-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Vernon Co. Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Beeny Funeral Home Sheldon, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-22-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Marie Komantz</u> |

AUG 12 1963

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 S. Bernard Beery

Licensed Embalmer No. 4167

P. O. Address Sheldon 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.

[Handwritten notes at the bottom of the page]