

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21511

Do not use this space.

1. PLACE OF DEATH Boone Registration District No. 73
 (a) County Boone Primary Registration District No. 3006
 (b) Township Columbia Registered No. 132
 (c) City Columbia (d) Street No. Boone Co Hospi St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 354 Louise Stanley
 (a) Residence, No. 224 N 8th St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stillborn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
X X X
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1939
 22. I HEREBY CERTIFY That I attended deceased from June 22 1939 to June 22 1939
 I last saw h. Stillborn alive on June 22 1939, 19..... Death is said to have occurred on the date stated above, at 8:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Placenta Previa with asphyxiation Date of onset

Other contributory causes of importance:

Septic of mother of unknown origin premature 6-8 hrs

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) James M. Baker M. D.
 74 (Address) Columbia, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.
 13. NAME Cornett Cornell Stanley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Annabelle Shelmut
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Missouri
 17. INFORMANT (ADDRESS) C. E. Stanley, 222 N 4th, Columbia
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Femme DATE June 22 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Wieden
 20. FILED 6/22/1939 Allie Selby Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.

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