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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40696**

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **145**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Lermon

(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Nevada City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven days  
(Specify whether years, months or days)

In this community a number of years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lermon <sup>108</sup>

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 523 W. Austin Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

**3. (a) PRINT FULL NAME** Lydia Adelia Stonebaker

3. (b) If veteran, name war ✓

3. (c) Social Security No. no record

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May 29 1885  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 8 year 1947 hour 1 minute 15 PM

21. I hereby certify that I attended the deceased from October 5, 1947, to Nov 8, 1947

that I last saw her alive on Nov 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized abdominal Carcinomatosis metastatic

Due to Primary left Ovary <sup>10 mos +</sup>

Due to HPA

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>10</u>	hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Generalized metastatic Carcinomatosis abd Prim l Ovary

Of autopsy June 1947

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

9. Birthplace Black Walnut Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stonekeeper

11. Industry or business

**MOTHER**

12. Name William M. Gray

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury U

16. (a) Informant Mrs. Ruth Haign

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-47  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Mo.

18. (a) Signature of funeral director Allen J. Hays

(b) Address Nevada Mo.

19. (a) 11-15-47 (Date received local registrar) (b) Mathyn Hancy (Registrar's signature)

23. Signature William Miller (M.D.)

Address Nevada Mo. Date signed 11-10-47

RECEIVED  
District Health Officer, No. 7,  
District File Number 11-2447  
Date Filed 10-27-1968

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..... *Allen T. Kaye* .....  
Licensed Embalmer No. *1968* .....  
P. O. Address *Nevada 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 this body is not embalmed, fact should be so stated above.