

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: Boone Co Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether life) life

In this community life  
(years, months or days)

3. (a) PRINT FULL NAME Thomas N. Stull

3. (b) If veteran, name war no

3. (c) Social Security No. 489-16-1146

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife Lucy Stull

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

7. Birth date of deceased May 27 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 17  
If less than one day hr. min.

9. Birthplace Lancaster - Schuyler Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business laborer

MOTHER FATHER

12. Name Elija Stull

13. Birthplace DK

14. Maiden name Dallie Burks

15. Birthplace DK

16. (a) Informant Mrs Lucy Stull

(b) Address 902 Wilkes Blvd

17. (a) Bonne Femme (b) Date thereof Jan 16 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Bonne Femme

18. (a) Signature of funeral director R. Williams

(b) Address Columbia Mo

19. (a) 1-17-48 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 902 Wilkes Blvd  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1948 hour 11:30 minute 4 M.

21. I hereby certify that I attended the deceased from 30 Dec  
47 1948 to 14 Jan 1948  
that I last saw h. live on 14 Jan 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema, right thorax Duration 6 wks

Due to Pneumonia, right type undetermined

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy Pneumonia, unresorbed right, Abscesses, right Hydrothorax

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C

23. Signature Donace E. Thomas (M. D. or other)  
Address 909 University Ave Date signed 14 Jan 48

RECEIVED  
District North District No. 9,  
District No. 9,  
Date Filed 1/23/48

**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 Lyman H. Sprinkle  
Licensed Embalmer No. 4013  
P. O. Address Columbia, 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.**