

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35608**
Registrar's No. **282**

Registration District No. **38**

Primary Registration District No. **5120**

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

1. PLACE OF DEATH:

(a) County **Boone**

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

(c) Name of hospital or institution:
Route 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **81 Years** (Specify whether years, months or days)

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. **Route 6**
(If rural, give location)

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

3: (a) PRINT FULL NAME **LUCY ELLEN STOVER**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **L.S. Stover**

6. (c) Age of husband or wife if alive **11 - 16 - 1858** years (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	11	17	hr. _____ min.

9. Birthplace **So. Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Daniel Squires** **9**

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

14. Maiden name **Rebecca Amick** **9**

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

16. (a) Informant **Mrs. Jim Phillippi**

(b) Address **Route 6, Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **11-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dripping Springs**

18. (a) Signature of funeral director **Parker Funeral Service**

(b) Address **Columbia, Mo.**

19. (a) **Nov. 8 1948** (b) **Mrs. R.E. Palmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **3**
year **1948** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Sep 1st 1948**
Nov 2nd 1948 to _____ 19____

that I last saw h. **is** alive on **Nov 2nd** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Stomach Cancer of**
Stomach

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations **46 B**

Of autopsy _____

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 **6**

23. Signature **Lloyd Simpson** (M. D. or other) _____

Address **506 Cherry St** Date signed **11-6-48**

RECEIVED
District Health Officer No. 9,
District File Number
NOV 18 1948
Date Filed

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 *M. J. Whitman*
Licensed Embalmer No. *3893*
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.