

22536

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. 39819-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>228 Lynn</u>		d. STREET ADDRESS (If rural, give location) <u>228 Lynn</u> <u>49</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>unnamed</u> b. (Middle) <u>Stemmons</u> c. (Last) <u>Stemmons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 49</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>		8. DATE OF BIRTH <u>7-6-1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 14 HRS. Min.		IF UNDER 14 HRS. Min. <u>45</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>10</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Wortha Stemmons</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucie Stemmons Columbia Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature death</u> <u>6 mos gestation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH! <u>45 min</u> <u>after birth</u> <u>77-X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no op.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July 5, 1949, to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Schmidt MD</u> (Degree or title)		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>7-11-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>July 11 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u> <u>31</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart P. Parker Columbia Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4810  
2  
4

FILED JUL 23 1949

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED JUL 18 1919

*not embalmed*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> ~~by me, or by~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Stuart D. Parker*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2900*

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.