

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

License No. **37654**

State File No. _____

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. 28		PRIMARY REG. DIST. NO. 3006		Registrar's No. 326	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 0105		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) 7 Hubbell Drive			
3. NAME OF DECEASED (Type or Print) a. (First) JULIA			b. (Middle) LORETTA		c. (Last) STOOKEY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 1, 1890	9. AGE (in years) (last birthday) 62	10. UNDER 1 YEAR Month 10 Days 6	11. UNDER 10 HRS Hours 6 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary - Stephens College		10b. KIND OF BUSINESS OR INDUSTRY College		11. BIRTHPLACE (City and State or Foreign Country) Fonda, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Drummy			13b. MOTHER'S MAIDEN NAME Mary McLaughlin		14. NAME OF HUSBAND OR WIFE H. Frank Stookey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. Frank Stookey, Columbia, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma					INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---			20. AUTOPSY? 4-200 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from 4-16- , 19 52 , to 12-7, 19 52 that I last saw the deceased alive on 12-6, 19 52 , and that death occurred at 12:02A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland P. Padewny MD				23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 12-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri.		
DATE REC'D BY LOCAL REG. Dec 9 1952		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 310 Parker Funeral Service, Columbia Mo			

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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thos L. Haring

Licensed Embalmer No. 4132

P. O. Address Talbotville, Md.

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.