5. No. 300
v. 10-48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13267

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 134

105
0

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browns Station 0100
d. STREET ADDRESS (If rural, give location): Route 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): JEFF
b. (Middle): DAVIS
c. (Last): STICE

**4. DATE OF DEATH** (Month) (Day) (Year): May 1, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: Sept. 2, 1861
**9. AGE** (In years last birthday): 91 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: ——
**11. BIRTHPLACE** (City and State or Foreign Country): Boone County, Missouri. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Joshua Stice
**13b. MOTHER'S MAIDEN NAME**: Mary Jane Coats
**14. NAME OF HUSBAND OR WIFE**: Cordelia Elizabeth Stone

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ——
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Emmett Lewis, Browns Station, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriolar nephrosclerosis — unknown
DUE TO (c) Arteriosclerosis generalized — unknown

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**: 446X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Jan 25, 1953 *to* May 1, 1953, *that I last saw the deceased alive on* May 1, 1953, *and that death occurred at* 7:25P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles M. Sauke, MD
**23b. ADDRESS**: Columbia, Missouri
**23c. DATE SIGNED**: 5-2-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 3, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Dripping Springs
**24d. LOCATION** (City, town, or county) (State): Boone County, Missouri.

**DATE REC'D BY LOCAL REG.**: May 3 1953
**REGISTRAR'S SIGNATURE**: Mrs R E Palmer
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Parker Funeral Service, Columbia, Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1933

## 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 Jno P Killip Jr

Licensed Embalmer No. 4897

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.