

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18098

BIRTH NO. 34634-53 REC. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (if outside corporate limits, write RURAL and give town) Jefferson City, Missouri
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Chas. E. Still Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY OR TOWN Boonville
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 916 Sixth St.,

3. NAME OF DECEASED (Type or Print)
a. (First) Darlene b. (Middle) Lucile c. (Last) Stock
4. DATE OF DEATH (Month) (Day) (Year) June 23, 1955
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH June 21, 1955 9. AGE (In years last birthday) 1 IF UNDER 1 YEAR: Months 1 Days 17 Hours 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis William Stock
13b. MOTHER'S MAIDEN NAME Lucile Maria Diehl
14. NAME OF HUSBAND OR WIFE
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. None
17. INFORMANT'S SIGNATURE OR NAME Lucile Stock ADDRESS Boonville, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature infant (24 wks)
DUE TO (c) Premature Separation of Twins' placentas
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
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)
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 June 21, 1955, to June 23, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at 8:55 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene E. Pickett
23b. ADDRESS Jefferson City MO
23c. DATE SIGNED June 23, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED
24b. DATE JUNE 23, 1955
24c. NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY
24d. LOCATION (City, town, or county) (State) NEAR WASHINGTON MO
DATE REC'D BY LOCAL REG June 25, 1955 REGISTRAR'S SIGNATURE R. P. Davis MD - MR.
25. FUNERAL DIRECTOR'S SIGNATURE ALBERT HATNECK ADDRESS PRIZIE HOME MO

WRITE PLAINLY—USING UNFADING 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 N.A.T. E.M.B. R.L.M.E.D......, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prairie Home.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.