

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031771

STATE FILE NUMBER

WED OCT 6 1958 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 435

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, give TOWNSHIP only) TOWN Columbia			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 5			Length of stay in 1b Lifetime		d. STREET ADDRESS (If outside, give location) Route 5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST RAYMOND LEE STONE				4. DATE OF DEATH Month Day Year Sept 27 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 9, 1933		9. AGE (In years last birthday) 25	10. FUNDING YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Riback Pipe & Steel		11. BIRTHPLACE (City and state or country) Boone County Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Stone			13b. MOTHER'S MAIDEN NAME Viola Pugh			14. NAME OF HUSBAND OR WIFE Frances Crosswhite	
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. 493-32-8822		17. INFORMANT Address Mrs Raymond Lee Stone Columbia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive recent hemorrhage in larynx, trachea, lungs & stomach 9190 DUE TO (b) Gunshot wound anterior neck 19 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH minutes minutes
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased dropped loaded .22 caliber pistol to ground accidentally discharging it. Struck in neck by missile				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home		
20f. CITY, TOWN, OR LOCATION Columbia			20g. COUNTY Boone		20h. STATE Missouri		
21. I attended the deceased from Death occurred at 12:30 PM Coroner's Case did not see her alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Vincent Palmer Degree or rank					22b. ADDRESS Department of Public Health University of Missouri		22c. DATE SIGNED 27 Sept 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-29-1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Missouri		
24. FUNERAL DIRECTOR Parker Funeral Service Columbia Mo				25. DATE RECD. BY LOCAL REG. Sept 29 1958		26. REGISTRAR'S SIGNATURE MRS R E PALMER	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Every abnormality mentioned in item 18. No symptoms will be listed.

1958

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OCT 7

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
Signature of Student Embalmer

Signed *George A. Kerby*

Licensed Embalmer No. *4752*

P. O. Address *Columbia, Me*

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.