

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027266

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 493

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

1 0109

2 0109

3

4 1

5 2

6

7 05

8 2

9 332XH

10

11

12 1-0

13 308

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 19 1963 a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>life</u>	c. CITY OR TOWN <u>Columbia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>805 Washington Ave.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Elizabeth Stone</u>		4. DATE OF DEATH Month Day Year <u>July 15 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/9/1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (last birthday) <u>98</u>
11a. FATHER'S NAME <u>William Barnes</u>		11b. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>	
12a. MOTHER'S MAIDEN NAME <u>Sarah Margaret Jennings</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		14. SOCIAL SECURITY NO. <u>[redacted]</u>	
15. INFORMANT Address <u>Mrs. Lesker Gates Woodlandville, Mo.</u>		16. NAME OF HUSBAND OR WIFE <u>George Stone (dec.)</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of stomach</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	21. I attended the deceased from <u>12/8/62</u> to <u>7/15/63</u> and last saw her alive on <u>7/15/63</u> Death occurred at <u>8:40 a-m</u> on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) <u>B. Masonville, II, M.D.</u>		22b. ADDRESS <u>Columbia, Mo.</u>	22c. DATE SIGNED <u>7/17/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/17/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rocky Fork Cemetery</u>	23d. LOCATION (City, town, or county) <u>Hinton, Missouri</u>
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 17 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

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 David Duffy, Student Embalmer No. 680
working under my personal supervision.

Student

David Duffy
Signature of Student Embalmer

Signed

Richard A. Reeves

Licensed Embalmer No.

5109

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.