

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 187

Primary Registration District No. Bo 40

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
428 Washington St./  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 86 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 428 Washington St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXX

3. (a) PRINT FULL NAME Lucinda A. Stone

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Spencer A. Stone 6. (c) Age of husband or wife if alive XXX years  
7. Birth date of deceased Oct. 14 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 10 15 XX hr. XX min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business XXX

12. Name John A. Garr  
13. Birthplace XXX England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Snowball  
15. Birthplace XXX England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben H. Stone  
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof Aug. 31, '42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Edgewood Cemetary

18. (a) Signature of funeral director James D Gordon  
(b) Address Chillicothe, Missouri

19. (a) Aug 31-1942 (b) Loe Ella Corry  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29  
year 1942 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-24-1942  
to 8-24-1942  
that I last saw him alive on 8-24-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Vascular Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations \_\_\_\_\_

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Reuben Barney  
(Specify type of injury)

23. Signature Reuben Barney (M. D. or D.O.) XXXX  
Address Chillicothe, Mo Date signed Aug. 24, 1942

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

59  
1  
2

458

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*James D Gordon*

Licensed Embalmer No.

*1270*

P. O. Address,

*Lehulucche M*

**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.**