

S. No. M-54: 5-17-39 I X329

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1943

Registration District No. 38

Primary Registration District No. 2006

Registrar's No. 134

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

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1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1905 Paris Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 86 Years
years, months or days

3. (a) PRINT FULL NAME PHOEBE ELIZABETH STONE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James W. Stone

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 - 20 - 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	5	7	_____hr. _____min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Forbis

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hutchens

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant L.M. Stone

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Red Rock Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-29-43 (Date received local registrar)

(b) Edna H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL.")

(d) Street No. 1905 Paris Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from May, 16. 1943 to May, 27. 1943
that I last saw her alive on May, 27. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration
she had a slight stroke
due to a fall.

Due to senile debility

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

White at work _____ (Specify type of place)

23. Signature Walter Spashi (M. D. or other) D.O.

Address 312 C. AVE. Columbia, Mo. Date signed 5-29-43

Duration about 2 WK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1250

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



Licensed Embalmer No.

4132

P. O. Address

Chesapeake, Md

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.