

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34088**
Registrar's No. **209**

LED NOV 13 1943
Registration District No. **38**

Primary Registration District No. **3006**

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

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:
1310 ROSEMARY LANE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **31 YEARS**
years, months or days

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. **1310 ROSEMARY LANE**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. LULA COOK 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 **DR. W.H. STONE**
6. (c) Age of husband or wife if alive **DECEASED** years
7. Birth date of deceased **AUGUST 27 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 30 hr. min.

9. Birthplace **SUMMIT MISSISSIPPI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

MOTHER FATHER { 12. Name **DR. JOSHUA FLOOD COOK**
13. Birthplace **COVINGTON KENTUCKY**
(City, town, or county) (State or foreign country)
14. Maiden name **SUE COODE FARMER**
15. Birthplace **COVINGTON KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS E.J. DURAND**
(b) Address **RIVERDALE, NEW YORK**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **OCT. 28-1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **BOONVILLE, MO.**

18. (a) Signature of funeral director **STEGNER & KOENIG**
(b) Address **BOONVILLE, MO.**

19. (a) **Oct 27-43** (Date received local registrar) (b) **Edna H. Barber** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCTOBER** day **26th**
year **1943** hour **11:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb 10 1930** to **Oct 26 1943**
that I last saw h. **ex** alive on **Oct 26 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death
Semity
arteriosclerosis

Duration
5 yrs
10 mos

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **97**

Major findings: **None**
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Walter R. Barber** (M. D. or other) **MD**
Address **Columbia, Mo** Date signed **10-27-43**

12 50

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 W. Stegner*
Licensed Embalmer No..... *3780*
P. O. Address..... *Boonville, 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 this body is not embalmed, fact should be so stated above.