

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20097**

Office of Vital Statistics  
**FILED JUN 26 1947**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **174**

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: **Noyes Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Day**  
(Specify whether 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. **211 Second Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

10  
2  
4  
0

3. (a) PRINT FULL NAME **CATHERINE CHERYLL STONE**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **6 - 12 - 1947**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>0</b>	<b>0</b>	<b>1</b>	..... hr. .... min.

9. Birthplace **Columbia Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name **Samuel C. Stone**  
 13. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Cheryll Bilby**  
 15. Birthplace **Atchison Kansas**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Samuel C. Stone**  
 (b) Address **211 Second Ave., Columbia, Mo.**  
 17. (a) **Burial** (b) Date thereof **6-11-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Parker Funeral Service**  
 (b) Address **Columbia, Mo.**

19. (a) **6-17-47** (b) **Mrs. R.E. Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**  
 year **1947** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 12**, 19**47** to **June 13**, 19**47**;  
 that I last saw him alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....  
(Specify type of place)  
 While at work?..... (e) Means of injury.....

23. Signature **Helen E. Yeager** (M. D.)  
 Address **909 University** Date signed **June 17, 1947**

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 6-25-47

Decease File Number

District Health Officer No. 9

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup> embalmed by me, or by  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 4067

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