

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7615

State File No.

No. 300
10.48

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5162 Registrar's No. 124

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Cleveland Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0140</u> | |
| c. LENGTH OF STAY (in this place) <u>OK.</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2 Columbia, Mo</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> | b. (Middle) <u>LOUISE</u> | c. (Last) <u>STONE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1952</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 4, 1913</u> | 9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min. |
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| 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 ----- | 11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Albert Turner Fulkerson</u> | 13b. MOTHER'S MAIDEN NAME <u>Lottie May Chandler</u> | 14. NAME OF HUSBAND OR WIFE <u>T. Otis Stone</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT'S SIGNATURE OR NAME <u>T. Otis Stone, Route 2, Columbia, Mo.</u> | ADDRESS ----- |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity, Hypertension</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: <u>752X</u> | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK | 22. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from May 1949 to April 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 3:30 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>[Date]</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 7, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) <u>Columbia, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>April-10-1952</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Lawrence Barber Funeral Service, Columbia, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Clarence M. Bello*

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.