

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20908

State File No.

FILED JUN 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>212</u>		
1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>				
b. CITY OR TOWN <u>FULTON MISSOURI</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY OR TOWN <u>COLUMBIA MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1</u>				e. STREET ADDRESS (If rural, give location) <u>0105</u>				
3. NAME OF DECEASED (Type or Print) <u>OLIVE</u>			a. (First)		b. (Middle)		c. (Last) <u>STONER</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>9th</u>		(Year) <u>1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>March 20th 1884</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>keeping own whom</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>PRESTON MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>H. T. Semmons</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Wddie</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Not given</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Fulton Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>FEW HRS</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEAT EXHAUSTION</u>						
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYO-CARDITIS</u>					<u>LOW STANDING</u>	
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222 F</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Mar-18-1949</u> , to <u>June-9th 1953</u> , that I last saw the deceased alive on <u>9:00 6/9 1953</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Fulton Missouri.</u>		23c. DATE SIGNED <u>June-20 53</u>		
24a. BURIAL, CREMA TION, REMOVAL (Specify)		24b. DATE <u>June 11-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u>		
DATE REC'D BY LOCAL REG. <u>June 9-1953</u>		REGISTRAR'S SIGNATURE <u>Murtha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>General Ave</u>		

(Licensed Embalmer's Statement on Reverse Side) By Raymond J. [Signature]

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 31

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license);
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.