

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35022

State File No.

FILED NOV 2-1953
BIRTH NO. 620 628 482 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 2811

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Columbia
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 7th & Nebraska Ave.		(If rural, give location)	
3. NAME OF DECEASED a. (First) CARL (Type or Print)		b. (Middle) RAYMOND	
c. (Last) STOCKWELL		4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1953	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1953
9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) Columbia, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Willard Stockwell	
13b. MOTHER'S MAIDEN NAME Mary Lou Elder		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Willard Stockwell, Columbia, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u> (ESTIMATED AGE 27-32 weeks - Weight DUE TO (b) <u>2 pounds and 1/4 ounce</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		776 X	
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)	
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 Oct 22, 1953, to Oct. 28, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 5:35 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward L. Washington M.D.		23b. ADDRESS 909 University Ave	
23c. DATE SIGNED Oct 28, 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	
24d. LOCATION (City, town, or county) Boone County, Missouri.		(State)	
DATE REC'D BY LOCAL REG. Oct 29 1953		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	
25. FUNERAL DIRECTOR'S SIGNATURE Career Funeral Service Columbia, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *Tom M. Harg*

Licensed Embalmer No. *4067*

P. O. Address *Columbus*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

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