

STANDARD CERTIFICATE OF DEATH

16185

FILED JUN 10 1957

STATE FILE NUMBER

31334-37

Registration District No.

38

Primary Registration District No.

3006

Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Lebanon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>University Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>390 VERNON</b>	
3. NAME OF DECEASED (Type or print) First <b>Deborah</b> Middle <b>Dianne</b> Last <b>Stowe</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-17-1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <b>Lebanon, Missouri</b>	
13. FATHER'S NAME <b>Everett Stowe</b>		14. MOTHER'S MAIDEN NAME <b>Clara LYNCH</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mary Jo Martin, R.N., Lebanon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Esophageal atresia</b> DUE TO (c) <b>Congenital anomaly</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> <b>before birth</b> <b>before birth</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Mongolism and Prematurity, Weight 2.2Kg. length 47cm.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>Hour</b> Month <b>Month</b> Day <b>Day</b> Year <b>Year</b> a. m. <b>a. m.</b> p. m. <b>p. m.</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>5/27/57</b> to <b>5/31/57</b> and last saw her alive on <b>5/31/57</b> Death occurred at <b>3:50</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mary Bowen, M.D.</b>		22b. ADDRESS <b>University of Missouri Hospital Columbia, Missouri</b>	22c. DATE SIGNED <b>5-31-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Removal</b>	<b>May 31 1957</b>	<b>Dotson Cemetery</b>	<b>Lebanon Mo.</b>
24. FUNERAL DIRECTOR <b>Holman Lebanon, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>June 1, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	

(Licensed Embolmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

31-0

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 no Embalming Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Dorsey M Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.