

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031889

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 576

STATE FILE NUMBER

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Length of stay in 1b <u>44 days</u>		c. CITY OR TOWN <u>Smithville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Alva Naylor Stone</u>			4. DATE OF DEATH Month Day Year <u>September 25 1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-26-11</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Tracy, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>American</u>		13a. FATHER'S NAME <u>William O. Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Dola Fleshman</u>	
14. NAME OF HUSBAND OR WIFE <u>single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			
17. INFORMANT <u>Hospital Records - Columbia, Missouri</u>				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of gingiva</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		

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 <u>Smithville Missouri</u>
21. I attended the deceased from <u>Feb 8 1960</u> to <u>Sept 25, 61</u> and last saw him alive on <u>Sept 25 1961</u> Death occurred at <u>2:25 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Oeder M. Cheney, Crown MD</u>		22b. ADDRESS <u>Ellis Fischel Hospital</u>		22c. DATE SIGNED <u>9-25-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>9/25/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SMITHVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Smithville Missouri</u>	
24. FUNERAL DIRECTOR <u>PARKERS FUNERAL SERVICE</u>		ADDRESS <u>Columbia Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 25 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.

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 JW. Phelby

Licensed Embalmer No. 4897

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

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