

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035364

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 177 Primary Registration District No. 5673 Registrar's No. 128

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

2570
3570

3

4 1

5 1

6

7 1

8 0

9331X

10

11

1270-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 17 1962		1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Monroe (Twp)		Length of stay in 1b 13 yr		c. CITY OR TOWN Troy (R.F.D) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi East of Troy Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 mi east of Troy Mo. Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Elizabeth Stoneburner			4. DATE OF DEATH Month Sept. Day 13 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1887	9. AGE (last birthday) 74 Months 9 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework at Home		11. BIRTHPLACE (City and state or country) Tyro Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph Jackson		13b. MOTHER'S MAIDEN NAME Caroline Cox	
14. NAME OF HUSBAND OR WIFE R.D. Stoneburner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT R.D. STONEBURNER		Address Troy MO #1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident DUE TO (b) Other - pleurisy DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 checked="" 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 June 19 61 to Sept. 13 1962 and last saw her alive on 9-13-62 Death occurred at 1.20A on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) J. Schaefer #5		22b. ADDRESS Troy, Mo	
22c. DATE SIGNED 9-14-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 15, 1962	
23c. NAME OF CEMETERY OR CREMATORY Troy City Cemetery		23d. LOCATION (City, town, or county) Troy MO.		(State) 	
24. FUNERAL DIRECTOR D.W. Mc Coy Troy Mo.		ADDRESS 		25. DATE RECD. BY LOCAL REG. 9-14-62	
26. REGISTRAR'S SIGNATURE Charlotte Beckus J. Schaefer					

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

D. D. McLaughlin

Licensed Embalmer No. 3586

P. O. Address Troy 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.