

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35579
Registrar's No. 299

Registration District No. 38

Primary Registration District No. 2006

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
205 S. 3rd St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 1 mo. 4 days

3. (a) PRINT FULL NAME JACK-ALBERT-LANSON-COATS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race negro

6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10-19-1948
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Columbia Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Philippine Dawson

15. Birthplace Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Philippine Dawson

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 11-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Cemetery

18. (a) Signature of funeral director Street, Parker

(b) Address Columbia Missouri

19. (a) 11-26-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 205 So. 3rd St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

20. DATE OF DEATH: Month 11 day 23
year 1948 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation

Duration _____

Due to Smothered in bed

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 18

Of operations _____

Of autopsy: 14

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 119

(b) Date of occurrence Nov 23-48

(c) Where did injury occur? Columbia Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Boone Palmer

Address Columbia Mo Date signed 11/26/48

DEC 27 1948

Case No. _____
District File Number NOV 29 1948
District Health Officer No. 9,
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{mt} by me, or by _____

^x
Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address *Columbia, Md*

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