

No. 300
10.48

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32555
State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 266

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| 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>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>211 South 8th St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 South 8th St.</u> | | e. STREET ADDRESS (If rural, give location) <u>211 South 8th St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>BONNIE</u> | b. (Middle) <u>BELLE</u> | c. (Last) <u>CHORLTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>Oct. 21, 1951</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar. 29, 1886</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 12 HRS. | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Upper Sandusky, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |

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| 13a. FATHER'S NAME (Unknown) <u>Harmon</u> | 13b. MOTHER'S MAIDEN NAME <u>Nan Conley</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph Chorlton</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Chorlton, Columbia, Mo.</u> |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | DUE TO (b) <u>Arteriosclerosis</u> | | Interval between onset and death <u>Unknown</u> |
| ANTECEDENT CAUSES | DUE TO (c) <u>Unknown</u> | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | II. OTHER SIGNIFICANT CONDITIONS | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) <u>331X</u> |
| 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 Sept, 1950, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 12 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>James C. Coffey, M.D.</u> | 23b. ADDRESS <u>909 University Columbia, Mo.</u> | 23c. DATE SIGNED <u>Oct 23, 51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 23, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> |
| | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> | |

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| DATE REC'D BY LOCAL REG. <u>Oct 24, 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 29 1951

VS MAY 1 1959

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarine M. Billo

Licensed Embalmer No. 4375

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