

S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

184

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 27

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 0105</u>	
c. LENGTH OF STAY (if this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>417 N. 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louida</u> b. (Middle) <u>Shooter</u> c. (Last) <u>Shooter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 18, 1888</u>	9. AGE (in years) (last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milinery</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chas. A. Shooter</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Ruthenia</u>	14. NAME OF MARRIAGE <u>Never Married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Shooter</u> ADDRESS <u>Columbia</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital aortic body aneurysm. Disruptive aortic aneurysm.</u>		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		

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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4:22 H</u>
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22. I hereby certify that I attended the deceased from Jan 23, 1952 to Jan 25, 1952, that I last saw the deceased alive on Jan 23, 1952 and that death occurred of 0810 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. V. Skelton</u> (Degree or title) _____	23b. ADDRESS <u>Columbia, Mo.</u>	23c. DATE SIGNED <u>1/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willet General Home</u> ADDRESS <u>Columbia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0185

RECEIVED JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952

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.

Signed _____

Ernest W. Sprinkle

Signed _____
Student Embalmer

Licensed Embalmer No. 4013

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.