

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **191**

No. 300
10.48

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 28

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

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 (In this place) <u>4 wk</u>		d. STREET ADDRESS (If rural, give location) <u>98 Dansey St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chaney</u> b. (Middle) <u>Valentine</u> c. (Last) <u>Valentine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>April 9, 1865</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>E.M. Valentine</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Ann Bendable</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased, Sarah M. Valentine</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 <u>Slater Valentine, Columbia</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Reproation of Gastric Ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>5401</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 Jan 1, 1952 to Jan 25, 1952 that I last saw the deceased alive on Jan 25, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles M. Lamb U.S.</u>		23b. ADDRESS <u>Columbia Missouri</u>		23c. DATE SIGNED <u>1-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Jan 26 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmari</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Funeral Home Columbia</u>	
		31		ADDRESS _____	

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Lynwood H. Sprinkle*

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.