

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34186**

FILED NOV 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>297</u>		
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. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		<u>0105</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>626 Washington Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>626 Washington Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Racy</u> b. (Middle) <u>Dothage</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 22, 1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MINS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. W. Saon</u>		13b. MOTHER'S MAIDEN NAME <u>Savannah Colvin</u>		14. NAME OF HUSBAND OR <del>WIFE</del> <u>Gus E. Dothage, CDeceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cleve Sullens, Columbia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>  ANTECEDENT CAUSES Arteriosclerosis, due to rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, generalized.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</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)				
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 <u>Oct. 1, 1952</u> to <u>Nov. 3, 1952</u> , that I last saw the deceased alive on <u>Nov. 3, 1952</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James M. Baker, M.D.</u>				23b. ADDRESS <u>Columbia, Mo. No. 5190</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville</u>		24d. LOCATION (City, town, or county) <u>Columbia, Route 307</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov 6 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rebecca</u>		ADDRESS <u>Willett Funeral Home, Columbia, Mo.</u>		

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

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*M. S. Palmer*

**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,       

Student Embalmer No.       

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lynard H. Spunkle*

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.