

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 193

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 1

1. PLACE OF DEATH STATE CANNER HOSP.  
a. COUNTY BOONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY CAMDEN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA c. LENGTH OF STAY (in this place) (Specify) 55 DAYS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLIMAX SPRINGS 1050

d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER STATE CANCER HOSP d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) MINERVA c. (Last) BOSTON

4. DATE OF DEATH (Month) (Day) (Year) Jan 1 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 6-1-1881 9. AGE (In years last birthday) 71 6 MONTHS 6 DAYS 1 HOUR 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Putnam, Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM ROBBINS 13b. MOTHER'S MAIDEN NAME NANCY ROBBINS 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME LOFENE WIENBERG, COLUMBIA, MO ADDRESS \_\_\_\_\_

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BILE DUCTS, ADENOCARCINOMA

II. OTHER SIGNIFICANT CONDITIONS CHRONIC CHOLECYSTITIS & CHOLELITHIASIS

19. DATE OF OPERATION Nov 5 1952 19b. MAJOR FINDINGS OF OPERATION CHRONIC CHOLECYSTITIS WITH LITHIASIS ADENOCARCINOMA OF BILE DUCTS, GENERALLY 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Nov 7 1952 to JAN 1 1953, that I last saw the deceased alive on JAN 1 1953, and that death occurred at 3:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) Victor B. Kueffer Jr. M.D. 23b. ADDRESS State Cancer Hospital, Columbia, Mo. 23c. DATE SIGNED 1 JAN 5 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Normal 24b. DATE 1-4-1953 24c. NAME OF CEMETERY OR CREMATORY Camdenton 24d. LOCATION (City, town, or county) (State) Camdenton Mo

DATE REC'D BY LOCAL REG. Jan 2 1952 REGISTRAR'S SIGNATURE Mrs. Rita Palmer 25. FUNERAL DIRECTOR'S SIGNATURE Willie Funeral Home ADDRESS Columbia

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

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~~ \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Lyman W. 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.