

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21083

State File No.

FILED AUG 15 1955

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>203</u>	
1. PLACE OF DEATH a. 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) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 N. Moss St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>2105</u> c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>508 N. Moss St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ALLENE</u> c. (Last) <u>SEVIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1955</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>April 13, 1935</u>	
9. AGE (In years last birthday) <u>20</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 (City and State or Foreign Country) <u>Fayette, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James T. Spry</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Bell Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>James Eurel Sevier</u>	
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. <u>495-34-2932</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James E. Sevier, 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* <u>Chronic Epithelioma of Lung</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>163X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
19a. DATE OF OPERATION <u>June 7-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>No evidence of Cancer in abdomen</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) _____		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>May 19, 1955</u> , to <u>Aug 5, 1955</u> , that I last saw the deceased alive on <u>Aug 5, 1955</u> and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl J. Dietrich, M.D.</u> (Degree or title)				23b. ADDRESS <u>120 N. 1st St., Columbia, Mo.</u>		23c. DATE SIGNED <u>Aug 6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORIAL <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 7 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia Mo</u>		ADDRESS _____	

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

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed..... *John Phillips*
Licensed Embalmer No. 489
P. O. Address..... *Columbus, Ga.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.