

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3824

State File No.

FILED MAR 5 1956

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5120</u>		Registrar's No. <u>85</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Iowa</u> b. COUNTY <u>Story</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Ames</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Columbia Township</u>				e. STREET ADDRESS (If rural, give location) <u>2121 Hughes</u> \$1408					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Storms</u> c. (Last) <u>Coover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 27 56</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>12-22-1885</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gerber's Products</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Baby Foods</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton, Michigan</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>A. B. Storms</u>			13b. MOTHER'S MAIDEN NAME <u>Lovie Whitcomb</u>			14. NAME OF HUSBAND OR WIFE <u>W. F. Coover Husband</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. F. Coover, Ames, Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple compound - comminuted fractures including skull being crushed -</u> <u>fractures including skull being crushed -</u> Morbidity conditions, if any, giving rise to the above cause (b) <u>_____</u> 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>8164</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>26</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT CAUSE <u>Car crash</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Highway 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) <u>2-27-56 5^{PM}</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on crash between two automobiles -</u>					
22. I hereby certify that I attended the deceased from <u>deceased's case</u> , 19 <u>56</u> , to <u>_____</u> , 19 <u>_____</u> , that I last saw the deceased alive on <u>_____</u> , 19 <u>_____</u> , and that death occurred at <u>_____</u> Mo., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. J. P. Palmer</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>2/28/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Municipal Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ames, Iowa</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 28 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Memorial Funeral Home Co., Mo.</u>					

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

MAR 16 1956

APR 4 1956

MAR 21 1956

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 *Lyman H. Sprinkle*

Licensed Embalmer No. 4013

P. O. Address *Columbia,*

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.