

Health,
Welfare
Public
Service

3000
1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 27 1956

STANDARD CERTIFICATE OF DEATH

25981

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 265

| | | | | | | | | |
|--|------------------------|---|----------------------------|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Columbia, 010 5 0 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hosp. | | | Length of stay in 1b 1 Hr. | | d. STREET ADDRESS 911 Crestland (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Alice Middle Gulick Last Barnes | | | | 4. DATE OF DEATH Month Aug, Day 17, Year 1956 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 29, 1868 | | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) Boone County Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Hamilton R. Gulick | | | | 14. MOTHER'S MAIDEN NAME Hannah Carr | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT Mrs Joe Barnes, Columbia, Mo. Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE CEREBRAL HEMORRHAGE - 3 HRS DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X | | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Columbia | | COUNTY Boone STATE Missouri | | |
| 21. I attended the deceased from Aug 17 to Aug 17 and last saw her alive on Aug 17 56 Death occurred at 8:45 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Elvie P. Rodgers, M.D. | | | | 22b. ADDRESS 101 W. Broadway | | 22c. DATE SIGNED 20 Aug 56 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE August 27, 1956 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) (State) Columbia, Missouri | | |
| 24. FUNERAL DIRECTOR Memorial Funeral Home, Columbia, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Aug 20 1956 | | 26. REGISTRAR'S SIGNATURE Mrs R E Palmer | | |

(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, ~~XXXX~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest H. Spindler*

Licensed Embalmer No. 401

P. O. Address *Columb*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.