

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29818**

BIRTH NO. _____ REG. DIST. NO. **39** PRIMARY REG. DIST. NO. **3006** Registrar's No. **296**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 month		e. STREET ADDRESS (If rural, give location) 421 East Bolivar	
d. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) _____ c. (Last) Gould		4. DATE OF DEATH (Month) (Day) (Year) 9-10-1956	
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5. SEX Female	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH 3/14/1896	9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House maid	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nelson Bolden	13b. MOTHER'S MAIDEN NAME Tokie Mitchell	14. NAME OF HUSBAND OR WIFE Walker Brull
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 500-34-3366	17. INFORMANT'S SIGNATURE OR NAME John Bolden St. Louis, Mo.		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest Complex 4 weeks <i>after arrest at anesthesia induction</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating 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. Ventral incision of hernia Fistula of uterus			

19a. DATE OF OPERATION 8-15-56	19b. MAJOR FINDINGS OF OPERATION Induction of anesthesia and Cardiac Arrest	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 214X	(COUNTY)	(STATE)
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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?
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22. I hereby certify that I attended the deceased from **8-11**, 19**56**, to **9-10**, 19**56**, that I last saw the deceased alive on **9-10**, 19**56**, and that death occurred at **4:39 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chapton A. Smith (Degree or title) MD.	23b. ADDRESS Univ. of Missouri Hosp	23c. DATE SIGNED 9-13-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/15/56	24c. NAME OF CEMETERY OR CREMATORY Clmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
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DATE REC'D BY LOCAL REG. Sept 15 1956	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Stuart P. Parker	ADDRESS Columbia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

310

SEP 24 1950

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..... Edward H. Krueger

Licensed Embalmer No. 49

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.