Health, Welfare Public Service

300
1-56

FILED OCT. 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33121
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 330

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLUMBIA — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ellis Fischel St. Pa — Length of stay in 1b: 11 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GRUNDY
c. CITY OR TOWN: TRENTON 0402 — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 1921 PLEASANT PLAINS — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: AUGUST Middle: RUTH Last: BARNETT

4. DATE OF DEATH: Month 10 Day 19 Year 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ✓

8. DATE OF BIRTH: 10-13-1905

9. AGE (In years last birthday): 51

IF UNDER 1 YEAR: Months — Days 4 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: CAFE

11. BIRTHPLACE (City and state or country): TRENTON, MO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM A. MORGAN

14. MOTHER'S MAIDEN NAME: SYLVIA ANN VANCE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT Address: HOSPITAL RECORDS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Alveolar cell carcinoma of the lung with generalized metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 163X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-8-56, to 10-19-56 and last saw her/him alive on 10-19-56
Death occurred at 3:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard E. Johnson, MD

22b. ADDRESS: Columbia, Mo

22c. DATE SIGNED: 10-19-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-19-56

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county): Trenton (State): Mo

24. FUNERAL DIRECTOR: Parker Funeral Home ADDRESS: Columbia Mo

25. DATE RECD. BY LOCAL REG.: Oct 19, 1956

26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

31-0

MAY 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 489

P. O. Address Columbus, K

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