

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33122

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia 0105</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 West Park</u>			Length of stay in lb <u>30 yr.</u>		d. STREET ADDRESS <u>10 West Park</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>DAISY</u> Middle <u>BURTON</u> Last <u>BURTON</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>1</u> Year <u>1956</u>												
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 25-1881</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boone County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME <u>unknown</u>						14. MOTHER'S MAIDEN NAME <u>Charllett Carter</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>no.</u>		17. INFORMANT Address <u>Lottie McDonald Columbia, Mo.</u>										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, bronchial,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Natural Causes</u> DUE TO (c) <u>See Part II</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Arthritis deformans, severe,</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
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 Month, Day, Year a. m. 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 <u>Columbia</u>			COUNTY <u>Mo.</u>			STATE				
21. I attended the deceased from <u>10:30, 1956</u> , to <u>Nov. 1, 1956</u> and last saw <u>her</u> alive on <u>10.31.56</u> Death occurred at <u>9:00</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title) <u>James H. Atkins, M.D.</u>						22b. ADDRESS <u>5709 Cherry Columbia Mo.</u>				22c. DATE SIGNED <u>11.2.56</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/3/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Columbia cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>								
24. FUNERAL DIRECTOR <u>Stuart P. Parker</u>						ADDRESS <u>Columbia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 3 1956</u>			26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>				

(Licensed Embolmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-56

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

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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 K. Frey*.....

Licensed Embalmer No. *409*.....

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.