

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 SEP 23 1957

STANDARD CERTIFICATE OF DEATH

30847

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 512A 5020 Registrar's No. 345

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Boone</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rout 1</u>		Length of stay in lb <u>years</u>		c. CITY OR TOWN <u>Columbia</u>		d. STREET ADDRESS <u>Rout 1</u>	
3. NAME OF DECEASED (Type or print) <u>JOYICE</u>				4. DATE OF DEATH <u>Sept 17 - 1957</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>June 30 - 1879</u>			
9. AGE (In years last birthday) <u>77</u>				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</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Lyge Reed</u>				14. MOTHER'S MAIDEN NAME <u>Hanna Clayborn</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 <u>James W. Cross, 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>Arteriosclerotic heart disease</u> 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)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>			
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. _____ p. m. Month, Day, Year _____				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION _____				20f. COUNTY _____ STATE _____			
21. I attended the deceased from <u>46 Feb 57</u> to <u>17 Sept 57</u> and last saw <u>her</u> alive on <u>7 Sept 57</u> Death occurred at <u>46 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>RP Palmer</u> (Degree or title)			
22b. ADDRESS <u>169 10th Columbia</u>				22c. DATE SIGNED <u>19 Sept 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Sept. 25, 1957</u>		<u>Simpson</u>		<u>Stevens Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs Stewart Parker, Columbia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept 20 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

(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, 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 *Columbus*

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.