

Health, Welfare & Public Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE Missouri	b. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia	c. CITY OR TOWN Utica	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel Can. H	Length of stay in 1b 12 days	d. STREET ADDRESS None given	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Carrie	Middle Lottie	Last White	Month Day Year Oct. 26 1957
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 40
11. BIRTHPLACE (City and state or country) Livingston County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jim Brown		13b. MOTHER'S MAIDEN NAME Della Harris	14. NAME OF HUSBAND OR WIFE Richard White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT Hospital Records Address Columbia, Mo.
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>Pulmonary edema</u> DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from <u>10-13-57</u> to <u>10-26-57</u> and last saw her alive on <u>10-26-57</u> Death occurred at <u>5:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas. J. Schewe, M.D.</u> (Degree or title)		22b. ADDRESS <u>State Cancer Hosp.</u>	22c. DATE SIGNED <u>10-26-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>10-26-57</u>		<u>Chillicothe Missouri</u>
24. FUNERAL DIRECTOR <u>Frank's Funeral Service Columbus Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Oct 26 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>

34824

STATE FILE NUMBER

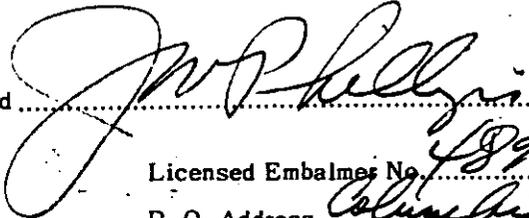
Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 395

STANDARD CERTIFICATE OF DEATH

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 
Licensed Embalmer No. 4897
P. O. Address Columbus, Mo.

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.