

FILED NOV 25 1957

STANDARD CERTIFICATE OF DEATH

39166

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 425

V. S. 300 D
Rev. 1-57

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>Mississippi</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Charleston</u>	
c. FULL NAME OF (If NPT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>107 Vine</u>	
Length of stay in lb <u>31 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Helen Lela Brown</u>			4. DATE OF DEATH Month Day Year <u>November 15, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-19-92</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Anthony Samson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Herpst</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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. <u>498-24-0983</u>		17. INFORMANT <u>hospital chart</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>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO, (b) <u>hemorrhage</u>			
DUE TO (c) <u>acute leukemia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE. HOMICIDE. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>—</u> p.m.		20d. INJURY OCCURRED WHILE AT <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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>	STATE <u>—</u>
21. I attended the deceased from <u>10/15/57</u> to <u>11/15/57</u> and last saw her/give on <u>11/15/57</u> Death occurred at <u>8 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>Frank H. Mohr, M.D.</u> (Degree or title)		22b. ADDRESS <u>U. of Mo. Med. Center, Columbia, Mo</u>		22c. DATE SIGNED <u>11/15/57</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-18-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>	
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24. FUNERAL DIRECTOR <u>J. E. McMillen</u>		ADDRESS <u>Charleston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 19 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmore</u>	
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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

MEDICAL CERTIFICATION

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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 *Ely McArthur*

Licensed Embalmer No. *4695*

P. O. Address *Charlotte, N.C.*

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.