

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008837  
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>BOONE COUNTY HOSPITAL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BOONE CO MO</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>COLUMBIA</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone Co Hoptl.</b>		Length of stay in 1b <b>5 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>410 Hickman</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>PEARLIE WILLIAMS</b>			4. DATE OF DEATH Month <b>3</b> Day <b>8</b> Year <b>1958</b>
5. SEX <b>F 3</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 27 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE KEEPER</b>	11. BIRTHPLACE (City and state or country) <b>COLUMBIA MO</b>
13. FATHER'S NAME <b>SHELTON WHITE</b>		14. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>EUGENIA MOORE 410 HICKMAN</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident (Thrombosis)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral arteriosclerosis</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)			INTERVAL BETWEEN ONSET AND DEATH <b>400 hrs</b> <b>eastman</b>
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.) <b>332X</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ COUNTY _____ STATE _____
21. I attended the deceased from <b>1 MAR 58</b> to <b>8 MAR 58</b> and last saw her alive on <b>8 MAR 58</b> Death occurred at <b>8:10</b> <b>PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>808 Midwest Co (Columbia Mo)</b>	22c. DATE SIGNED <b>8 MAR 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia Mo.</b>
24. FUNERAL DIRECTOR <b>Victor BROWN, 608 parkway</b>		25. DATE RECD. BY LOCAL REG. <b>March 10 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in reporting cause of death. 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

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MAR 28 1958

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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 .....

Licensed Embalmer No. 50

P. O. Address Columbia

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.