

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017318
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 226

| | | | | | | | |
|---|----------------------------------|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Columbia 6105 | | 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. County Hosp. | | Length of stay in lb 5 days | | d. STREET ADDRESS 801 Coats | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Bulah Middle Marie Last Shock | | | | 4. DATE OF DEATH Month May Day 19 Year 58 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 11, 1899 | | 9. AGE (In years last birthday) 59 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Potato Chip Fac. | | 11. BIRTHPLACE (City and state or country) Boone County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME J. W. Samuel | | | | 14. MOTHER'S MAIDEN NAME Mary Agnes Salmon | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 490-07-2600 | | 17. INFORMANT Address Leon Shock 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) Adrenocortical Adenoma Cushing's Disease 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(n) Pulmonary Emphysema | | | | | | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| 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. 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.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from Jan 16 1958 to 19 May 58 and last saw her alive on 19 May 58 Death occurred at 8:05 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE R P Sadeuon MD (Degree or title) | | | | 22b. ADDRESS Columbia Mo | | 22c. DATE SIGNED 19 May 58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 5-20-58 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Columbia, Mo. | | 23d. LOCATION (City, town, or county) (State) | | |
| 24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo. | | | 25. DATE RECD. BY LOCAL REG. May 25 1958 | | 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer | | |

health, Welfare public service
300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 16 1959

APR 9 1959

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, [redacted] Student Embalmer No. [redacted] working under my personal supervision..

Student [redacted] Signature of Student Embalmer

Signed [Signature] Licensed Embalmer No. [redacted]

P. O. Address [redacted]

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.