

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012315
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 175

300
1-57

| | | | |
|--|----------------------------------|---|---|
| 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 OR TOWN Columbia | | c. CITY OR TOWN Columbia | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone C. Hosp. | | d. STREET ADDRESS 2400 Highway 40 E. | |
| 3. NAME OF DECEASED (Type or print) First Mabel | | 4. DATE OF DEATH Month 4 Day 13 Year 59 | |
| Middle May | | Last Ward | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Feb. 20, 1886 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Antique Dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Antiques | 11. BIRTHPLACE (City and state or country) Howard County, Mo. |
| 13a. FATHER'S NAME Will Mitchell | | 13b. MOTHER'S MAIDEN NAME Louise F. Ranz | 14. NAME OF HUSBAND OR WIFE Divorced |
| 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. ----- | 17. INFORMANT Address Mrs. Dorothea Patterson 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) Acute myocardial infarction | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery insufficiency | | | 2 days |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary embolism | | | 19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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 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 13 March 59 to 13 April 59 and last saw her/him alive on 13 April 59 Death occurred at 5:35 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) James Jennings MD | | 22b. ADDRESS 1809 Cherry, Columbia, Mo | |
| | | 22c. DATE SIGNED 4-15-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/16/59 | |
| 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 23d. LOCATION (City, town, or county) (State) Columbia, Missouri | |
| 24. FUNERAL DIRECTOR Lyman Sprinkle | | 25. DATE RECD. BY LOCAL REG. April 16 1959 | |
| ADDRESS Columbia, Mo. | | 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 28 1959

MAY 26 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, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lysman W. Sprinkle*

Licensed Embalmer No. *4013*.....
P. O. Address *Columbia,*

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.