

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Simpson
37133

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
212 Second Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 Years
years, months or days

3. (a) PRINT FULL NAME PHOEBE ELIZABETH HUME

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Thomas Hume 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 - 23 - 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Tucker Toalson

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Goslin

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles E. Goslin

(b) Address 212 Second Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 11-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 11-11-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Brown Station
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1944 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 1st
_____ 1944 to Nov 23 1944
that I last saw her alive on Nov 8th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
(Paralysis due to stroke)
Duration _____

Due to _____

Due to Hardening of arteries +
high blood pressure

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 830
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Royd Simpson (M. D. or other) _____
Address 506 Cherry St. Date signed 11/13-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2
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24-47

NOV 23 1944

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Thas L. Taming*.....

Licensed Embalmer No *4132*.....

P. O. Address *Columbia, Md*.....

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 this body is not embalmed, fact should be so stated above.