

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26105**  
210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5721** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 5</b>		d. STREET ADDRESS (If rural, give location) <b>Route 5</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>AMANDA</b>		b. (Middle) <b>ALICE</b>	
		c. (Last) <b>CARUTHERS</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>August 25, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 3, 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>54</b>
		11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Azariah Mize</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Mae Utley</b>	14. NAME OF HUSBAND OR WIFE <b>William Belden Caruthers</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Belden Caruthers, Columbia, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypothyroidism</b> <b>Femoral Aneurysm</b> <b>4201</b> <b>Years</b> <b>Years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-16, 1948</b> , to <b>8-25, 1949</b> , that I last saw the deceased alive on <b>8-23, 1949</b> , and that death occurred at <b>3:15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Roland P. Sadavon M.D.</b>		23b. ADDRESS <b>16 N. 10th St.</b>	
23c. DATE SIGNED <b>8-26-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-29-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 27 49</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Funeral Service, Columbia, Mo.</b>		ADDRESS	

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

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED AUG 30 1949

SEP 6 1949

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 .....  
Student Embalmer

Signed: *M. S. Whitaker*

Licensed Embalmer No. 3893

P. O. Address. Columbia mo

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.