

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

40170

State File No.

FILED JAN 9 1950

BIRTH NO. 78454-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4A Rollins Ct.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROL</u> b. (Middle) <u>SUSAN</u> c. (Last) <u>EBINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>7</u>	8. DATE OF BIRTH <u>Dec. 30, 1949</u>	9. AGE (In years last birthday)	10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo.</u>	

13a. FATHER'S NAME <u>Robert Carl Ebinger</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Louise Clapp</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robt. C. Ebinger, Columbia, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>7710</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Difficult forceps delivery</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Dec 30, 1949, to Dec 30, 1949, that I last saw the deceased alive on Dec 30, 1949, and that (death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles C. Beechford</u> (Degree or title)	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>Dec 31, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 31, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 31 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	3/ FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

----- District File Number

District Health Officer No. 9,

RECEIVED JAN 4 1950

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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