

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 170

| | | | | | | | |
|--|---------------------------|--|--|--|--|---|--------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 38 | | PRIMARY REG. DIST. NO. 3006 | | Registrar's No. 7 | |
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Columbia | | c. LENGTH OF STAY (in this place) 1 Day | | c. CITY (If outside corporate limits, write RURAL and give township) St. Charles | | 9723 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital | | | | d. STREET ADDRESS (If rural, give location) 2058 N. Main St. | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) GOLDIE | | b. (Middle) MARIE | | c. (Last) SIMS |
| 4. DATE OF DEATH | | (Month) Jan. | | (Day) 10, | | (Year) 1950 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 7, 1902 | | 9. AGE (In years last birthday) 48 | 10. UNDER 1 YEAR Months | 11. UNDER 2 HRS. Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Boone County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Samuel Wesley Turnbough | | | 13b. MOTHER'S MAIDEN NAME Mary Isabelle Henderson | | | 14. NAME OF HUSBAND OR WIFE Dave T. Sims | |
| 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'S SIGNATURE OR NAME ADDRESS Dave T. Sims, St. Charles, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage | | DUE TO (b) arteriosclerosis | | | | 2 1/2 hrs | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) chronic hepatitis | | | | 3 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | 446 X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Min.) | | 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 Jan 9, 1950, to Jan 10, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) James M. Barker MD | | | | 23b. ADDRESS Columbia Mo | | 23c. DATE SIGNED Jan 13 1950 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 14, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Dripping Springs | | 24d. LOCATION (City, town, or county) (State) Boone County, Missouri. | | |
| DATE REC'D BY LOCAL REG. Jan. 13 1950 | | REGISTRAR'S SIGNATURE Mrs R E Palmer 31 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parron Funeral Service, Columbia, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 16 1950
District Health Officer No. 9,
District File Number

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. J. Whitaker*

Licensed Embalmer No. *2893*

P. O. Address *Columbus, 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.