

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3848

State File No.

FILED FEB 21 1950

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 47

0104

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boone</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>	
c. LENGTH OF STAY (In this place) <u>lyr omo.</u>		d. STREET ADDRESS (If rural, give location) <u>7 McBaine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Boone Co. Hosp.</u>			

0104

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Ankrum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10 24 1876</u>	9. AGE (To years last birthday) <u>73</u>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Evansville, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Carney</u>		14. NAME OF HUSBAND OR WIFE <u>Wesley Jay Ankrum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ward Ankrum 7 McBaine Columbia, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, left colon</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes</u>		153X	

19a. DATE OF OPERATION <u>Apr. 12, 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left colon metastatic to liver</u>		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)		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 April 1, 1949, to Feb. 10, 1950, that I last saw the deceased alive on Feb. 9, 1950, and that death occurred at midnight, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund Schmidt M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>Feb. 19 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2 11 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Danville Ill.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 11 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

District File Number
District Health Officer
RECEIVED
FEB 16 1950

JUN 14 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 with the above constitutes grounds for revocation of license.)

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