S. No. 300
V. 10-48

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11936

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 106

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

1. PLACE OF DEATH a. COUNTY: Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia c. LENGTH OF STAY (in this place): 40 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mexico Gravel Rd.	d. STREET ADDRESS (If rural, give location): Mexico Gravel Rd. 0100

3. NAME OF DECEASED (Type or Print): a. (First) NORA b. (Middle) NORIAN c. (Last) A. BEERBOWER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 3 1950

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem	White	Widow V	Oct 2 1870	79	6	1		

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)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Virginia	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
George Thornhill	Harriett Hawkins	Frederick G Beerbower

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	ADDRESS
no	no	no	Mrs Howard S Reid	Columbia

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — (Paralysis)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Blood Vessel
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 224X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 20, 1950, *to* Apr 3rd, 1950, *that I last saw the deceased alive on* Apr 3rd, 1950, *and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd Simpson MD	506 Cherry St Columbia	4-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr 5-50	Memorial Park	Columbia MO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
April 6 1950	Mrs R E Palmer 31 0	R Powell	Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 11 1950
District Health Officer No. 9
District File No. .....
JUN 24 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.

Signed Lyman H. Sprinkle

Signed .....
Student Embalmer

Licensed Embalmer No. 4013

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.

State of Missouri } ss.
County of Boone }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 11936-50
Local Registrar's No.

On this 23rd day of June, 1950, before me appears Merle M. Reid who, upon her oath, states that the original record of birth/death for NORIAN A BEERBOWER, born/died APRIL 3rd 1950, 19..., in the State of Missouri, and which was filed at COLUMBIA MO on April 4th 1950, should be corrected as follows:

Item No. 3 should read NORA A. BEERBOWER
Instead of NORIAN A. BEERBOWER

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Merle M Reid DAUGHTER
Relationship.

Present Address.

Subscribed and sworn to before me this 23rd day of JUNE, 1950.

My Commission expires December 3, 1953 Guy A. Shelton Notary Public.
act done in adjoining County of Boone

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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