

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 154

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> <u>1104</u>	
c. LENGTH OF STAY (in this place) <u>25 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>114 N 5th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beulah Ann</u> b. (Middle) <u>Pipes</u> c. (Last) <u>Gray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1950</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 26 1887</u>	9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Rocheport Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>William Pipes</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda McClure</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Gray deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>190-07-2309</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Bannister</u> ADDRESS <u>Mo 4229 E Page ST. Louis</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of cervix with metastasis</u>			<u>2 yrs</u>
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>171X</u>

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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 5-5 1950, to 5-15, 1950, that I last saw the deceased alive on 5-15, 1950, and that death occurred at 8-30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roland P. Fadenroy MD</u> (Degree or title)		23b. ADDRESS <u>16 N. 10th St.</u>		23c. DATE SIGNED <u>5-16-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocheport Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rocheport Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.E. Hoff</u> ADDRESS <u>Columbia</u>		Brown Piceman Funeral Home Mo	
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(Licensed Embalmer's Statement on Reverse Side)

608 PARK.

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

RECEIVED MAY 22 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 Leonard E. Huff .....

Licensed Embalmer No. 4660 .....

P. O. Address. 330 N. Bath .....

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.