

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u> Registrar's No. <u>182</u>	
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>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>4 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1209 Eugenia St.</u>			d. STREET ADDRESS (If rural, give location) <u>1209 Eugenia St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>LaBOUBE</u> c. (Last) <u>ARNOLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 23, 1895</u>		9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Overton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. IF UNDER 24 HRS. 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>Overton, Mo.</u>	
13a. FATHER'S NAME <u>Dave Broyles</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Arnold</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Mae Halley, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-vascular disease</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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>443X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb 21, 1950</u> , to <u>June 18, 1950</u> , that I last saw the deceased alive on <u>June 18, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Ross J. Miller M.D.</u>		23b. ADDRESS <u>Columbia Mo.</u>		23c. DATE SIGNED <u>6-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Overton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Overton, Missouri.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Service, Columbia, Mo</u>		24f. ADDRESS <u>31</u>	
DATE REC'D BY LOCAL REG. <u>June 24 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		24f. ADDRESS <u>31</u>	

District File Number

District Health Officer No. 9,

JUN 26 1950

RECEIVED

### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Thas L. Zering*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4132*

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.