

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26026

State File No.

FILED AUG 30 1950

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3086 Registrar's No. 220

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>Audrain 0042</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo</u>	
c. LENGTH OF STAY (In this place) <u>51 days</u>		d. STREET ADDRESS (If rural, give location) <u>815 W Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada B</u>		b. (Middle) <u>Sullivan</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-8-20-06</u>
9. AGE (In years last birthday) <u>43</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>Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Arthur Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Williams</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>49 801-3631</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>		ADDRESS _____	
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) <u>Paraplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant melanoma of mediastinum (primary undetermined).</u>		<u>18 mo</u>	
DUE TO (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>164X</u>	
19a. DATE OF OPERATION <u>1-12-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Spinal cord compression by contiguous scoliosis.</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 <u>12-19, 1949</u> , to <u>8-20, 1950</u> , that I last saw the deceased alive on <u>8-20, 1950</u> , and that death occurred at <u>11:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>8-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 22, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 21 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	3/	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph T. Hueston</u> ADDRESS <u>MEXICO, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0104
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J. E. Palmer

Worby D. Alexander

RECEIVED 8-29-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-29-57

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 Ralph L. Hueston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.