

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29395

State File No.

FILED SEP 27 1950

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 241

0104

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

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 town) <u>Columbia</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rockport</u>	OR TOWN <u>0100</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBIN</u>	b. (Middle) <u>-</u>	c. (Last) <u>BOONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19th 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (in years last birthday) <u>about 68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labour</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Minor Boone</u>	13b. MOTHER'S MAIDEN NAME <u>Millie Smith</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Baker</u>	ADDRESS <u>Columbia Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL APOPLEXY</u>		UNK.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u>		
DUE TO (c) _____		334X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO-SCLEROSIS GENERAL, THICKENED</u>		Unk.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____
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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? _____
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22. I hereby certify that I attended the deceased from SEPT 10, 1950, to SEPT 19, 1950, that I last saw the deceased alive on SEPT. 19, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Maurice S. Cooper, M.D.</u>	23b. ADDRESS <u>Columbia Mo.</u>	23c. DATE SIGNED <u>Sept. 20, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-22-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockport</u>	24d. LOCATION (City, town, or county) (State) <u>Rockport Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 21 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart O. Parker</u>	ADDRESS <u>Columbia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9/26/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9/26/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *will be* embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer.

Signed

Stuart P. Parker

Licensed Embalmer No. *2900*

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.