

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32612**

BIRTH NO. 63279-50 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 278

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0104</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>206 Locust St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>KAY</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1st 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Infant</u>	8. DATE OF BIRTH <u>9-15-1950</u>	9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR <u>1</u> Months <u>16</u> Days
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) <u>Missouri, Columbia</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Theodore Knight Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Pearson</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Mrs. Bessie Pearson Wright</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> ANTECEDENT CAUSES Morbid 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>1 mo</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7727</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) m.		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 Oct 31, 1950, to Nov 1, 1950 that I last saw the deceased alive on Oct 31, 1950 and that death occurred at 10 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>LeRoy J. Miller M.D.</u> (Degree or title)		23b. ADDRESS <u>Municipal Bldg</u>		23c. DATE SIGNED <u>Nov 4 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walway</u>	
				24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov 4 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur B. Parker Columbia Mo.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 11-6-50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 11-6-50 -----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by ~~me~~ -----

working under my personal supervision.

Student Embalmer No.

Signed

Stuart D. Parker

Signed.....

Student Embalmer

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.