

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36147

State File No.

FILED NOV 21 1950

BIRTH NO. 77763279-512 REG. DIST. NO. 38

PRIMARY REG. DIST. NO. 3006 Registrar's No. 291

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 OR TOWN <u>Columbia</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Columbia</u>	0104
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>206 Locust</u>	

3. NAME OF DECEASED (Type or Print) <u>LINDA KAY PEARSON</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1st 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT 0</u>	8. DATE OF BIRTH <u>Sept. 15, 1950</u>		9. AGE (In years last birthday) <u>0</u> <u>17</u> <u>17</u> If under 1 year: Months Days If under 1 min. Hours Min.
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>Columbia, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Illegitimate</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Pearson</u> ADDRESS <u>206 Locust</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>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Improper Feeding</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>not determined</u> <u>7750</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) <u>Columbia</u> (COUNTY) <u>Boone</u> (STATE) <u>Mo.</u>
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 Nov. 1, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lloyd Miller</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Columbia, Mo</u> <u>Municipal Bldg.</u>	23c. DATE SIGNED <u>Nov. 17, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia</u> <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 18 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stella Parker</u> ADDRESS <u>Columbia Mo.</u>
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RECEIVED 11-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-21-50

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~~ _____

working under my personal supervision.

Student Embalmer No.

Signed

Stuart P. 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.