No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39807

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 335

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 102 W. Lyons St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0104
d. STREET ADDRESS (If rural, give location): 102 W. Lyons St.

3. NAME OF DECEASED (Type or Print)
a. (First): EULA
b. (Middle):
c. (Last): HALL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28th 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-14-1905
9. AGE (In years last birthday): 45 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maid
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Booker Williams
13b. MOTHER'S MAIDEN NAME: Stella Lyle
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Emmett Williams
ADDRESS: Columbia Mo.

MEDICAL CERTIFICATION

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.*

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
c. 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, *19*50, *to* Dec 28, *19*50 *that I last saw the deceased alive on* Dec 28, *19*50, *and that death occurred at* 6 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy J. Mutter MD
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: Jan 2 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-2-1951
24c. NAME OF CEMETERY OR CREMATORY: Hillsdale
24d. LOCATION (City, town, or county) (State): Howard Co. Mo.

DATE REC'D BY LOCAL REG.: Jan 2 1951
REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Elias E. Parker
ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-9-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-9-51

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 Stuart L. Parker

Signed _____
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.