

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 10 1951

State File No. **39810**

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>534</u>
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 township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>62 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> 0100 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u> b. (Middle) <u>LOU</u> c. (Last) <u>MORELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1887</u>	9. AGE (In years last birthday) <u>63</u> <small>IF UNDER 1 YEAR</small> Months <u>1</u> Days <u>3</u> <small>IF UNDER 12 HRS.</small> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Matthew R. Arnold</u>		
13b. MOTHER'S MAIDEN NAME <u>Lizzie Robnett</u>		14. NAME OF HUSBAND OR WIFE <u>Roger Moreland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roger Moreland, Route 4, Columbia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>203X</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) _____	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>Sept 1949</u> to <u>Dec 30, 1950</u> ; that I last saw the deceased alive on <u>Dec 30, 1950</u> , and that death occurred at <u>12:57 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Roland P. Jadecoury</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>16 S. 10th Columbia</u>		23c. DATE SIGNED <u>1-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 2 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

104

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 _____
Student Embalmer

Signed *Thas L. Zaring*

Licensed Embalmer No. 41321

P. O. Address *Columbia, Pa*

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.