

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19421

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 160

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) <u>Life</u>	c. CITY OR TOWN <u>Columbia</u> 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>811 Jay St.</u>		d. STREET ADDRESS (If rural, give location) <u>811 Jay St.</u>	

3. NAME OF DECEASED (Type or Print) Thaman Albert Betty

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) June 16, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced

8. DATE OF BIRTH Oct. 10, 1889 9. AGE (in years last birthday) 61 if UNDER 1 YEAR: Months 8 Days 6 if UNDER 1 MTH. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Shoe Maker

10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory

11. BIRTHPLACE (State or foreign country) Maine Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ben Franklin Betty 13b. MOTHER'S MAIDEN NAME Sarah Edna Byrd 14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) No (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. 4490-07-2603

17. INFORMANT'S SIGNATURE OR NAME Mrs H H Jennings ADDRESS Columbia, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

18.1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Spinal Cord

18.2. ANTECEDENT CAUSES

DUE TO (b) Carcinoma of Throat

DUE TO (c) Melastasis

18.3. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia

INTERVAL BETWEEN ONSET AND DEATH 1 yr

3 days

19a. DATE OF OPERATION 1950 19b. MAJOR FINDINGS OF OPERATION Carcinoma 148X

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 15, 1951, to June 16, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Reegitt M.D. 23b. ADDRESS Columbia Mo 23c. DATE SIGNED 6-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 17, 1951 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Columbia, Mo.

DATE REC'D BY LOCAL REG. June 16 1951 REGISTRAR'S SIGNATURE Mrs R E Palmer 31

25. FUNERAL DIRECTOR'S SIGNATURE A. D. Willard ADDRESS Columbia Mo

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

105

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-25-51

JUN 26 1951

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 *Grant H. Spunkle*

Licensed Embalmer No. 4013

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.