S. No. 300
Rev. 10.48

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

FILED OCT 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29464

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 9006 Registrar's No. 241

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): 12 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

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 0105
d. STREET ADDRESS (If rural, give location): 1321 Ross St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): Minee
c. (Last): Thomason

4. DATE OF DEATH (Month) (Day) (Year): Sept 30 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 11 1867
9. AGE (In years last birthday): 83 — If under 1 year: Months: 11 Days: 29 — If under 1 hr.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Burnett
13b. MOTHER'S MAIDEN NAME: Martha Betts
14. NAME OF HUSBAND OR WIFE: Edward Thomason

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: Pearl Bullard
ADDRESS: Columbia Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis — ? years
DUE TO (c) Cardio-vascular-renal disease "

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442 X
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 29, 1951, *to* Sept 30, 1950; *that I last saw the deceased alive on* Sept 29, 1951, *and that death occurred at* 7 40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles A. Leech M.D.
23b. ADDRESS: Columbia, Mo
23c. DATE SIGNED: 10-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 2-1951
24c. NAME OF CEMETERY OR CREMATORY: New Salem Cemt
24d. LOCATION (City, town, or county) (State): Ashland Mo

DATE REC'D BY LOCAL REG.: Oct 1 1951
REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. C. Burnett
ADDRESS: Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 10-8-51

JUN 11 1952

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.