

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36546

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 220

0143
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>6 wks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		c. CITY OR TOWN <u>Columbia</u> <u>8105</u>	
d. STREET ADDRESS <u>1619 Wash Ave</u>		3. NAME OF DECEASED a. (First) <u>Georgia</u> b. (Middle) _____ c. (Last) <u>Coburn</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 1951</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>7-6-1872</u>		9. AGE (In years last birthday) <u>79</u> 10. UNDER 1 YEAR Months <u>4</u> Days <u>9</u> 11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DR</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John W Coburn</u>		13b. MOTHER'S MAIDEN NAME <u>J. K</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>DR</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital No 1 records</u>	
17. ADDRESS <u>Fulton Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Large Carcinoma of rectum</u>		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) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	
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) (Min.)		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>Nov 1</u> , 19 <u>51</u> , to <u>Nov 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>51</u> , and that death occurred at <u>2:25 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M J Muller, MD</u> (Degree or title)		23b. ADDRESS <u>State Hospital Fulton Mo</u>	
23c. DATE SIGNED <u>11-15-51</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Nov 15 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Midway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 17-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service</u>		ADDRESS <u>426</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 20 1951

RECEIVED

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 *Laurence M. Billo* _____

Licensed Embalmer No. *4375* _____

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.