

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19390

State File No. _____

LED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 172

01050

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia, Mo.
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Caldwell 0130
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton
d. STREET ADDRESS (If rural, give location) R. F. D. # 3

3. NAME OF DECEASED
a. (First) Bernice b. (Middle) houise c. (Last) hewin
4. DATE OF DEATH (Month) (Day) (Year) 7-2-1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 2-24-1890 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 1 Wk. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Pine Valley, Oregon 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse Barnett Scott 13b. MOTHER'S MAIDEN NAME Estella Salome Sprague 14. NAME OF HUSBAND OR WIFE J. P. Hewin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 515-22-4082 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records - Ellis Fischel State Cancer Hosp.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrolithiasis, Bilateral
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 wks
UNKNOWN

19a. DATE OF OPERATION 5-16-51 19b. MAJOR FINDINGS OF OPERATION Pyonephrosis 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) Hamilton, Caldwell, Mo.

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 5-2, 1951, to 7-2, 1952, that I last saw the deceased alive on 7-2, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Johnson, M.D. 23b. ADDRESS Columbia, Mo. 23c. DATE SIGNED 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 5, 1952 24c. NAME OF CEMETERY OR CREMATORY Hamilton 24d. LOCATION (City, town, or county) (State) Hamilton, Mo.

DATE REC'D BY LOCAL REG. July 2-1952 REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Funeral Home Columbia

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

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 Lyman H. Sprinkle

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.