

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23633

State File No. ....

**DECEASED** AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 199

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>30 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>509 Walnut St. 0105</u>	

3. NAME OF DECEASED (Type or Print) <u>MAUD</u>	a. (First)	b. (Middle)	c. (Last) <u>PRINCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 27th 1952</u>
---	------------	-------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>10-25-1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>university</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Prince</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Prince</u>	ADDRESS <u>Columbia 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia Malnutrition Sepsis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic gangrene of leg + foot</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4501</u>

19a. DATE OF OPERATION <u>June 16, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerotic gangrene of foot + leg</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) (Minute)	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 May, 1952, to July 27, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 10.00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Modlin M.D.</u>	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>7-29-52</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 30th 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coldway</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>July 29 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parker</u>	ADDRESS <u>Columbia Mo</u>
--	--	----	---	----------------------------

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

105  
0

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 *Edward Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbus 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.