

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Model No. 205

State File No.

5. No. 300
v. 10-48

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 23

0105

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

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| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>3 Willis Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>HYMER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1953</u> | | |
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|----------------------|-------------------------------|--|--|---|--------------------------------|---------------------------------|--------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>April 12, 1896</u> | 9. AGE (In years) (Month) (Day) <u>56</u> | 10. UNDER 1 YEAR <u>9</u> Days | 11. UNDER 10 HRS <u>6</u> Hours | 12. UNDER 24 HRS <u>0</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
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| 13a. FATHER'S NAME <u>Louis N. Hickam</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mayme Elliott</u> | | 14. NAME OF HUSBAND OR WIFE <u>James E. Hymer</u> | | | |
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| 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 ADDRESS <u>Mrs. Louis N. Hickam, Columbia, Mo.</u> | | | |
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| 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) <u>Adenocarcinoma ovary</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>175X</u> | | | | | |

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| 19a. DATE OF OPERATION <u>Nov 14, 1952</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Generalized abdominal Carcinomatosis</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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 Nov 10, 1952, to Jan 18, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 2:00A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John J. Woodlin M.D.</u> | | 23b. ADDRESS <u>Columbia, Mo.</u> | | 23c. DATE SIGNED <u>1-20-53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 20, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Jan 20, 1953</u> | | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>31-0 Parker Funeral Service, Columbia, Mo.</u> | | | |
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FEB 20 1953

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 J. P. Phillips
Licensed Embalmer No. 4897

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.