

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8775

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 92

0105
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) COLUMBIA		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) _____		d. STREET ADDRESS (If rural, give location) Rural Route #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPL			
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) C. c. (Last) MEIVES		4. DATE OF DEATH (Month) (Day) (Year) MAR. 29, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 17 1889
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 2 Days 12	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY farmer	
11. BIRTHPLACE (City and State or Foreign Country) St Louis MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JEREMIAH DONOVAN		13b. MOTHER'S MAIDEN NAME KATHERINE ROHRKASSE	
14. NAME OF HUSBAND OR WIFE EDWARD J. MEIVES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX No		16. SOCIAL SECURITY NO. XX	
17. INFORMANT'S SIGNATURE OR NAME EDWARD J MEIVES		ADDRESS COLUMBIA R.3	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinoma ANTECEDENT CAUSES (b) Intestinal obstruction Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Adeno carcinoma of Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 6 mo.		2 wks	
19a. DATE OF OPERATION 8-25-52	19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma of Colon 153X		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) _____	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 _____, 1952, to Mar 29, 1953 , that I last saw the deceased alive on Mar 29, 1953 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul D. Dutrich M.D.		23b. ADDRESS Prof. Bldg. Columbia Mo	
23c. DATE SIGNED Mar 30 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1953 APR 1 1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) COLUMBIA MO
DATE REC'D BY LOCAL REG. Mar 30 1953	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE WILLETT FUNERAL HOME ADDRESS COLUMBIA MO	

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

Signature Lyman H. Spunkle

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.