

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **156**

BIRTH **DECEASED** **JAN 18 1954** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **16**

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) 40 yrs	c. CITY OR TOWN Columbia
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 Highway 40 West		e. STREET ADDRESS (If rural, give location) 701 Highway 40 West	

3. NAME OF DECEASED (Type or Print)	a. (First) Ruth	b. (Middle) Gill	c. (Last) McLachlan	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 3, 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Macduff, Scotland	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Stewart Gill	13b. MOTHER'S MAIDEN NAME Ann Duncan	14. NAME OF HUSBAND OR WIFE Deceased Robert L. McLachlan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Oswald	ADDRESS Booneville, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular renal DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 5, 1954**, to **Jan 11, 1954**, that I last saw the deceased alive on **Jan 9, 1954**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Baker MD	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED Jan 16, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Jan. 12, 1954	REGISTRAR'S SIGNATURE Mrs R E Palmer	31 - FUNERAL DIRECTOR'S SIGNATURE Raymond Spunkle	ADDRESS Memorial Funeral Home, Columbia, Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JAN 6

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.....
Signature of Student Embalmer

Signed *Ernest Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columb*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.