

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Hall 969  
State File No. ....

4-5467  
FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>				
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY OR TOWN <u>Eldridge Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 0530</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 0530</u>				
3. NAME OF DECEASED a. (First) <u>Christopher Columbus</u> b. (Middle) <u>Mizer</u> c. (Last) _____			4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>9</u> (Year) <u>1954</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 1st 1890</u>		
9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF UNDER 12 HOURS Hours <u>8</u> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Wm. P. Mizer</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mulligan</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah L. Mizer</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 AND ADDRESS <u>Mrs. Sarah Mizer Eldridge</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>		
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>						
		DUE TO (b) _____						
		DUE TO (c) _____				<u>157X</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ball bladder disease</u>						
19a. DATE OF OPERATION <u>12/27/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Obstruction of Bile &amp; Pancreatic ducts</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <u>12/23, 1953</u> to <u>1/9, 1954</u> , that I last saw the deceased alive on <u>1/9, 1954</u> , and that death occurred at <u>10:50 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. Wm. B. Hall M.D.</u> (Degree or title)				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>JAN 11 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowery Cemetery near Lebanon, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>1-13-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Funeral Home Lebanon, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

EXHIBIT 18

**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 *Lewis G Schopf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.