

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22087

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>100 N. Garth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>at Home - 100 N Garth</u>				6105			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Mc. Nut</u>			b. (Middle) _____		c. (Last) <u>True.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26-54</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr. 28 - 1881</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during the major part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Fireman</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph True</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Rucker True</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>703-03-5319</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Brown</u> ADDRESS <u>100 N Garth 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>				Unknown	
		DUE TO (c) _____					
		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"/>	
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) _____		4200	
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 <u>July 25, 1954</u> , to <u>July 26, 1954</u> , that I last saw the deceased alive on <u>July 25, 1954</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralston P. Laddison MD</u> (Degree or title)				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>7-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 27 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		31-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.S. Hall</u> ADDRESS <u>New Franklin Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.