

FILED NOV 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 36532

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 320

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 township) Rural Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Hartsburg	
c. LENGTH OF STAY (in this place) 6 Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County In			

3. NAME OF DECEASED (Type or Print) Matilda Dvar			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH April 24 1872	
				9. AGE (In years last birthday) 80 # UNDER 1 YEAR Months 6 # UNDER 1 DAY Days 23 # UNDER 1 HR. Hours 0 # UNDER 1 MIN. Min. 0	
				11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Benjamin Arnold		13b. MOTHER'S MAIDEN NAME Minerva Risk		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 11		17. INFORMANT'S SIGNATURE OR NAME Robert Dvar Hartsburg Mo.	
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) Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days	

ANTECEDENT CAUSES		DUE TO (b) Fracture of L. Hip		6 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Senile Dementia		6 mo	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		E962X 40	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. 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) 0/00	
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 July, 1949, to Nov-17, 1954, that I last saw the deceased alive on July-14, 1954, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE F. C. Suggs M.D.		23b. ADDRESS Columbia Mo		23c. DATE SIGNED 11-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 19 1954		24c. NAME OF CEMETERY OR CREMATORY Bonds Chapel	
		24d. LOCATION (City, town, or county) (State) Hartsburg Mo.			

DATE REC'D BY LOCAL REG. Nov. 23 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE W.C. Burnett Ashland Mo	
				ADDRESS	

(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 *W. M. J. Bennett*

Licensed Embalmer No. *3567*

P. O. Address *Rockland Md*

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.