

THE DIVISION OF HEALTH OF MISSOURI
 FILED SEP 14 1955 STANDARD CERTIFICATE OF DEATH

26844

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Vernon</u>)		c. LENGTH OF STAY (in this place) <u>87 days</u>		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				STREET ADDRESS (If rural, give location) <u>700 Worley</u>					
3. NAME OF DECEASED (Type or Print) <u>Clara</u>			a. (First)		b. (Middle)		c. (Last) <u>Meier</u>		
4. DATE OF DEATH <u>August 28, 1955</u>			(Month)		(Day)		(Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 28, 1879</u>		9. AGE (In years last birthday) <u>76</u>	
IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby Sitter</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Kincaid</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Ronsick</u>			14. NAME OF HUSBAND OR WIFE			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>San. records, Mo. State San., Mt. Vernon, Mo.</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>abt. 18 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>				II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b)					
				DUE TO (c)					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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>6-2-1955</u> , to <u>8-28-1955</u> , that I last saw the deceased alive on <u>8-28-1955</u> , and that death occurred at <u>5:25 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. A. Bousley M.D.</u> (Degree or title)				23b. ADDRESS <u>Mt. Vernon, Mo.</u>				23c. DATE SIGNED <u>8-31-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-31-55</u>		REGISTRAR'S SIGNATURE <u>Carl Handrick</u> <u>411-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>May F. Foyell</u> ADDRESS <u>Mt. Vernon Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1958

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..... *Max F. Fowell*

Licensed Embalmer No. *425*

P. O. Address... *Madison*

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.