

Health,  
Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. No standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25992  
STATE FILE NUMBER

FILED AUG 20 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 260

4

0105  
0

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>                      |  | c. CITY OR TOWN <u>Columbia</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u> |  | d. STREET ADDRESS (If outside, give location) <u>110 College Ave.</u>  |  |
| Length of stay in lb <u>34 Yrs.</u>  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|   |                                  |  |   |   |   |
|---|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>SALLIE</u> Middle <u>WILCOX</u> Last <u>JORDAN</u>            |                                  |  | 4. DATE OF DEATH<br>Month <u>Aug.</u> Day <u>16,</u> Year <u>1956</u> |   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 25, 1866</u>                             | 9. AGE (In years last birthday)<br><u>89</u>                                | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At Home</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Boone County, Missouri</u> |   |
| 13. FATHER'S NAME<br><u>Joel Haden Challis</u>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>Sarah Wilcox</u>                       |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)<br><u>No</u>                                |                                  | 16. SOCIAL SECURITY NO.<br><u>---</u>  |   | 17. INFORMANT<br><u>Chloe Jordan, 110 College, Columbia, Mo.</u>            |   |

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular Dis &amp; terminal Rt. sided heart failure</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 yrs</u><br><u>2 yrs.</u>                                |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |   |                          |
|---|---|--------------------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>443x</u> |                          |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m. _____   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____             |                          |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20f. CITY, TOWN, OR LOCATION _____  | COUNTY _____ STATE _____ |

21. I attended the deceased from March 1955 to Aug 16, 1956 and last saw her alive on Aug 16, 56. Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                   |  |  |                                       |
|--|-----------------------------------|--|--|---------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>James L. Atkins, M.D.</u> |                                   | 22b. ADDRESS<br><u>510a Cherry Columbia, Mo.</u>               |  | 22c. DATE SIGNED<br><u>Aug 17, 56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>       | 23b. DATE<br><u>Aug. 18, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Columbia Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Columbia, Missouri</u> |                                       |

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR<br><u>Parker Funeral Service, Columbia, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Aug 17 1956</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mrs R E Palmer</u> |
|--|--|--|

(Licensed Embalmer's Statement (on Reverse Side))

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1-0

JAN 23 1959

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.....  
*Charles L. Johnson*

Licensed Embalmer No. 419

P. O. Address *Albany*

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.