

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

242

STATE FILE NUMBER

FILED JAN 28 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Boone</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, give TOWNSHIP only) OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Centralia</u> ^{01⁰⁰} Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone Co. Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>414 So. Allen</u>	
Length of stay in 1b <u>10 weeks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Ora</u> Last <u>Wade</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 4 - 1884 - 72</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>15</u> IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTH PLACE (City and state or country) <u>Knox County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>John Wesley Cole</u>		
14. MOTHER'S MAIDEN NAME <u>Martha Francis Cloyd</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>None</u>		17. INFORMANT <u>Mrs. Hazel Mason, Centralia, Mo</u> Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Epidermoid Carcinoma Cervix with Pulmonary metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>171X</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		

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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Oct 1953 to Jan 1957 and last saw her ~~him~~ alive on Jan 19, 1957
Death occurred at 7 PM on the day stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John J. Madlen M.D.</u>	22b. ADDRESS <u>Prof. Bldg Columbia Mo</u>	22c. DATE SIGNED <u>1-20-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan 21 - 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Burial</u>	23d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
24. FUNERAL DIRECTOR <u>Paul Q. Ballou, Centralia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 21 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 29 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Paul J. Ballew*

Licensed Embalmer No. *42*

P. O. Address *Centuria, 1*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

Paul J. Ballew