FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

251
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5126 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perche — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Coleman or Boone Co. Rest Home — Length of stay in this place 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Perche [redacted] — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside city, give rural address) 12 mi. north Columbia — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: ELIZABETH Middle: LOUELLA Last: Hill
4. DATE OF DEATH Month: Feb. Day: 2 Year: 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Apr. 22, 1870
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Boone Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Forbin
14. MOTHER'S MAIDEN NAME Sarah Kincade
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Turner Hill Address Glasgow Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DIS. — INTERVAL BETWEEN ONSET AND DEATH: SEV. YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — SEVERAL YEARS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-5-1957 to 2-2-57 and last saw her/him alive on 1-20-57
Death occurred at 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. Walters (Degree or title) M.D.
22b. ADDRESS 22 N 8th Columbia Mo
22c. DATE SIGNED 2-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 4, 1957
23c. NAME OF CEMETERY OR CREMATORY Red Rock
23d. LOCATION (City, town, or county) Boone Co. (State) Missouri
24. FUNERAL DIRECTOR Audrey Tremont ADDRESS Glasgow Mo
25. DATE RECD. BY LOCAL REG. Feb 3 1957
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 6 1957

FEB 28 1957

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 Charles T. Lankam, Student Embalmer No. 5
working under my personal supervision.

Student Charles T. Lankam
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 39

P. O. Address Glasgow

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