

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

256

STATE FILE NUMBER

FILED JAN 28 1957

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 37

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) <u>Columbia</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Columbia</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>B. C. Rest Home</u>			Length of stay in lb <u>10 Mos.</u>	d. STREET ADDRESS (If outside, give location) <u>607 Range Line</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lizzie</u> Middle <u>Class</u> Last <u>Pauley</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 5, 1876</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Boone County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Head</u>				14. MOTHER'S MAIDEN NAME <u>Matilda Jamison</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>- - - - -</u>		17. INFORMANT <u>Records by Mr. Clyde Ficklin, Mo.</u>			
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>Cancer of Bladder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>181x</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</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 <u>Nov 1954</u> , to <u>Jan 1957</u> and last saw her/him alive on <u>Dec 1956</u> Death occurred at <u>12:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James C Cope MD</u>				22b. ADDRESS <u>Columbia Mo.</u>		22c. DATE SIGNED <u>1/25/57</u>	
22b. BURIAL, CREMATION, REMOVAL & SITE (If)	23b. DATE <u>1/25/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>		23d. LOCATION (City, town, or county) <u>Columbia, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Lyman Sprinkle, Columbia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 25 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>	

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Cope

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 *Lyman Spurr*

Licensed Embalmer No. 401

P. O. Address *Columb*

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.