

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7575

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 102

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> <u>D105</u> Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Columbia</u> <u>D105</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>501 Anderson</u> <u>1</u> Length of stay in lb <u>13 Yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>501 Anderson</u> Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>MAUDE</u> Middle <u>ALICE</u> Last <u>ALLEN</u>		4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>April 21, 1870</u>
9. AGE (In years last birthday) <u>86</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>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and state or country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Dr. Horace P. Porter</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Blakeslee</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>334x</u>	
17. INFORMANT <u>Dr. Horace E. Allen, Columbia, Missouri.</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>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Apoplexy, cerebral</u> DUE TO (c) <u>Hypertension, arterial</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 days</u> <u>many years</u>	
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 <u>11</u> a. m. <u>00</u> p. m. <u>00</u> Month, Day, Year <u>Mar 17, 1957</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Columbia, Mo.</u>		20f. COUNTY <u>Boone</u>	
20g. STATE <u>Missouri</u>		20h. DATE OF DEATH <u>Mar 23, 1957</u>	
21. I attended the deceased from <u>Mar 17, 1957</u> to <u>Mar 23, 1957</u> and last saw <u>her</u> alive on <u>Mar 23, 1957</u> Death occurred at <u>4:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Maurice E. Cooper M.D.</u>	
22a. ADDRESS <u>Columbia, Mo.</u>		22b. DATE SIGNED <u>3-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-24-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Butler, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 23 1954</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		27. DATE SIGNED <u>Mar 23 1957</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

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 _____

Licensed Embalmer No. 489

P. O. Address Columbia, Mo.

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.