

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7597  
STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PEMISCOTT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>HAYTI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ELLIS FISCHEL ST. CA</b>			Length of stay in lb <b>5 DAYS</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BERNICE</b> Middle <b>L</b> Last <b>LATTIMORE</b>				4. DATE OF DEATH Month <b>3</b> Day <b>28</b> Year <b>1957</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>3 Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-14-1920</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b> Hours <b>-</b> Min. <b>-</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>ED BOSTIC</b>				14. MOTHER'S MAIDEN NAME <b>SARAH MAINS</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>333-12-4202</b>		17. INFORMANT <b>HOSPITAL RECORDS</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>INTRACRANIAL METASTASIS</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>BREAST CANCER</b>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? 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.)				
20c. TIME OF INJURY Hour, Month, Day, Year 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 <b>23 Mch 57</b> to <b>28 March, 1957</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>3-28-57</b>				Death occurred at <b>10 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. D. Rodes M.D.</b>			22b. ADDRESS <b>Ellis Fischel Hlth. Center Hosp</b>		22c. DATE SIGNED <b>28 Mch 57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 31, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>	
24. FUNERAL DIRECTOR <b>Mrs. F. J. Sparks</b>			25. DATE RECD. BY LOCAL REG. <b>Mar 30 1957</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service  
300-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 2 1957

APR 22 1957

---

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 *Edward A. Ruffin* .....

Licensed Embalmer No. 502  
2501 Poplar Street  
P. O. Address Cairo, Ill.

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.