

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **2605**

FILED MAR 19 1957

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **87**

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>Boone</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>Columbia</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>1407 Ill. Ave.</b>		Length of stay in lb <b>7 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>1407 Ill. Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MARY ELIZABETH PANELL</b>		4. DATE OF DEATH <b>March 8 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 23-1912</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cook</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>44</b>
13. FATHER'S NAME <b>Richard L. Wilhite</b>		14. MOTHER'S MAIDEN NAME <b>Budie Jackson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>495-3x-3539</b>	17. INFORMANT <b>Essie Bush Fayette, Mo.</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>Ventricular Fibrillation</b> DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Feb. 27, '57</b> <b>Mar. 8, '57</b>
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? <b>2</b> 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 <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>			
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>Feb. 27, '57</b> to <b>Mar. 8, '57</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Mar. 8, '57</b> Death occurred at <b>6:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Boyd L. Wiggind, M.D.</b>		22b. ADDRESS <b>201 N. 3rd St. - Columbia, Mo.</b>	22c. DATE SIGNED <b>Mar. 12, '57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 14-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fayette</b>	23d. LOCATION (City, town, or county) <b>Fayette, Mo.</b>
24. FUNERAL DIRECTOR <b>Mrs. Stuart Parker, Columbia, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Mar. 13 1957</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms written on this certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

312

DEC 12 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 H. Krueger*

Licensed Embalmer No. *499*

P. O. Address *Columbia*

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.