

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23545

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 257

|  |                               |   |  |   |   |
|--|-------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Columbia</u>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Columbia</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Boone County Hosp.</u>   |                               | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><u>614 West Broadway</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print) <u>ELLA</u> First <u>MITCHELL</u> Middle Last   |                               |   | 4. DATE OF DEATH <u>July 14, 1957</u> Month Day Year   |   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Mar. 27, 1863</u>  | 9. AGE (In years last birthday) <u>94</u>                                       | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At Home</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  | 11. BIRTHPLACE (City and state or country)<br><u>Columbia Mo</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13. FATHER'S NAME<br><u>James E. Casey</u>   |                               |   | 14. MOTHER'S MAIDEN NAME<br><u>Sarah Genoway</u>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                               | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><u>Mrs. Charles Arnold, Columbia, Mo.</u>   |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchial pneumonia, bilateral</u>   |                               |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hrs.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Fracture right hip intertrochanteric type.</u>   |                               |   |  |   | <u>48 hrs.</u>  |
| DUE TO (c) _____   |                               |   |  |   | <u>9047</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>45</u>   |                               |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.)<br><u>Fall in Nursing Home</u>              |   |   |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br><u>6-1-57</u>   |                               |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Nursing Home</u>  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><u>Fayette, Missouri Howard Mo</u> |   |
| 21. I attended the deceased from <u>6-1-57</u> to <u>7-15-57</u> and last saw her/him alive on <u>7-14-57</u> .<br>Death occurred at <u>10:40 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Blair M. Chay, M.D.</u>   |                               |   | 22b. ADDRESS<br><u>309 University Avenue Columbia, Missouri</u>  |   | 22c. DATE SIGNED<br><u>7-16-57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                               | 23b. DATE<br><u>July 16, 1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Columbia Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Columbia, Missouri.</u>                       |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Parker Funeral Service, Columbia, Mo.</u>   |                               | 25. DATE RECD. BY LOCAL REG.<br><u>July 16 1957</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. R. E. Palmer</u>                           |   |

JUL 23 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 .....  
*J. W. Phillips*

Licensed Embalmer No. 48

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.