

Health,  
Welfare  
Public  
Service

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30800

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 347

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>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>705 Pannel</u>	
Length of stay in 1b <u>25 day</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>SUSAN</u> Last <u>BROWN</u>			4. DATE OF DEATH <u>September 20, 1957</u> Month Day Year		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-22-95</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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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 Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Calvin G. Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Sapp</u>	14. NAME OF HUSBAND OR WIFE <u>Ernest Brown</u>
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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>499-24-7212</u>	17. INFORMANT Address <u>Hospital Records</u>
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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>Hepatic Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
DUE TO (b) <u>Cirrhosis of Liver</u>		
DUE TO (c) _____		<u>Unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5810</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>August 26</u> to <u>9-20-57</u> and last saw her alive on <u>9-20-57</u> Death occurred at <u>9/20/57</u> at <u>10:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Diane Burkhardt, M.D.</u> (Degree or title)	22b. ADDRESS <u>Missouri U. Medical Center</u>	22c. DATE SIGNED <u>9-20-57</u>
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23a. BURIAL, CREMATION; REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9/22/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	23d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Syman Sprinkle, Columbia Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 21 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 8 1957

DEC 12 1962

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, ~~country~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Vernon C. Vedder .....

Licensed Embalmer No. 5031 .....  
P. O. Address Columbia, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.