

FILED DEC 9 - 1957

STANDARD CERTIFICATE OF DEATH

39188

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 441

S. 300 /
v. 1-56

During the medical examination in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 <u>Columbia</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Columbia</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>203 Westmont</u> INSTITUTION		Length of stay in 1b <u>35 Yrs</u>	d. STREET (If outside, give location) ADDRESS <u>203 Westmont</u>
3. NAME OF DECEASED (Type or print) First <u>Adele</u> Middle <u>P. V.</u> Last <u>Ravenel</u>			4. DATE OF DEATH Month <u>11</u> Day <u>30</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/11/1865</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. AGE (In years last birthday) <u>92</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	10c. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10d. IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (City and state or country) <u>Charleston South Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Arnoldus VanderHorst</u>		14. MOTHER'S MAIDEN NAME <u>Adele Allston</u>	
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> - - - - -</u>	17. INFORMANT Address <u>M. F. Thurston, Columbia, Mo.</u>
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>BRONCHO PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <u>491X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>JUNE 1956</u> to <u>Nov 30, 1957</u> and last saw her <u>alive on 30 Nov 1957</u> Death occurred at <u>3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE (Degree or title) <u>Charles A. Beech M.D.</u>		22b. ADDRESS <u>Columbia, Mo</u>	
22c. DATE SIGNED <u>1 Dec 1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/2/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pendleton, South, Carolina</u>	23d. LOCATION (City, town, or county) (State) <u> </u>
24. FUNERAL DIRECTOR <u>Lyman Sprinkle, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 2, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

DEC 19 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; ~~and~~ Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lynman H. Sprinkle*

Licensed Embalmer No. *1017*

P. O. Address *Columbia*

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.