

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

201

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia R.L. 5 0/00	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B. County Hospital		d. STREET (If outside, give location) ADDRESS 5 Miles N.W. Col.	
Length of stay in 1b 2wks		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Luezil (None) Nichols			4. DATE OF DEATH Month Day Year Feb. 5 58
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1900
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Boone County, Mo.	
13. FATHER'S NAME Calvin Benit		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Caroline Sapp		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs. Effie B. Brown Col. Mo. Rt. 5	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiomas of Liver &amp; Hepatorenal syndrome with marked electrolyte imbalance</i> DUE TO (b) <i>5810</i> DUE TO (c) <i>10 days</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cholecystectomy Jan. 23, 1958</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
19. WAS AUTOPSY PERFORMED YES <input checked="" type="checkbox"/> NO <input 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 <i>1952</i> to <i>Feb 4 1958</i> and last saw her alive on <i>Feb 4, 1958</i> . Death occurred at <i>12:15 A m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James M. Baker, M.D.</i>		22b. ADDRESS <i>Columbia, Mo.</i>	
22c. DATE SIGNED <i>Feb 5, 1958</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
23b. DATE <i>2-7-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New Providence Cem.</i>	
23d. LOCATION (City, town, or county) <i>Boone County, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Lyman Sprinkle</i>		ADDRESS <i>Columbia, Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>Feb. 5 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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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, ~~as a~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*.....

Licensed Embalmer No. *116*  
P. O. Address *Columbus*.....

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.