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FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

224

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 2

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>Centralia</u>		c. CITY OR TOWN <u>Hallsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Campbell Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	
Length of stay in 1b <u>6 Wks.</u>		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last <u>LENA FRANKLIN ALGIERE</u>			4. DATE OF DEATH Month Day Year <u>Jan. 15, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>June 3, 1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Tan Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Burks</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Algieri</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 <u>Mrs. Lewis Rice, Columbia, Mo.</u>	
				Address <u>612 Washington,</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>Cerebral artery thrombosis with encephalomalacia</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia due to unknown etiology.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u>		
			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>332X</u>		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Centralia, Mo.</u>	

21. I attended the deceased from <u>11/27/57</u> , to <u>1/15/58</u> and last saw her alive on <u>1/15/88</u> Death occurred <u>approx 4:00 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert L. Ward MD</u> (Degree or title)		22b. ADDRESS <u>Centralia, Mo.</u>	22c. DATE SIGNED <u>1/17/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-18-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Providence Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Boone County, Lissouri</u>
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24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Maud M^cBride</u>
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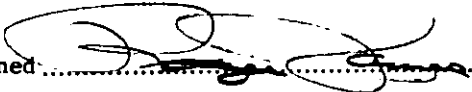
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 5010

P. O. Address, Columbia, N.C.

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.