

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013242
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 176

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Boone</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>Boone</u> ¹⁰¹⁹⁵
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		d. STREET ADDRESS	(If outside, give location) <u>1602 Paris Rd.</u>
Length of stay in lb <u>2 wks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>Addie Sherman McGrath</u>			<u>April 14, 1958</u>		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR
<u>Female</u>	<u>White</u>	WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	<u>12/14/1869</u>	<u>87</u>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Home</u>	<u>Wentzville, Mo.</u>	<u>U SA</u>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<u>W.W. Sherman</u>			<u>Josephine Sherman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
<u>no</u>		<u>-----</u>	<u>Mrs. Margie Faris Columbia, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]				INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Passive Pulmonary Congestion</u>				<u>1 week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				<u>1 week</u>	
DUE TO (b) <u>Cardiac insufficiency</u>				<u>years</u>	
DUE TO (c) <u>Arteriosclerotic Heart disease</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>Old myocardial infarction</u>				<u>4200</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 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 <u>10 April 58</u> to <u>14 April 58</u> and last saw her/him alive on <u>14 April 58</u> Death occurred at <u>10:15 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED
<u>James Benninghoff MD</u>			<u>202 South 10th, Columbia</u>		<u>15 April</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>4-15-58</u>	<u>Memorial Park Cemetery</u>		<u>Columbia, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<u>Lyman Sprinkle Columbia, Mo.</u>			<u>April 15 1958</u>	<u>Mrs R E Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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 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
 Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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. *40*

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.