

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043233

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 565

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 706 N. 7th St.		d. STREET ADDRESS (If outside, give location) 706 N. 7th St.	
3. NAME OF DECEASED (Type or print) First Middle Last Ada Welch England		4. DATE OF DEATH Month Day Year 12 17 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 Nov. 3, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Sturgeon, Mo.
13a. FATHER'S NAME James E. Welch		13b. MOTHER'S MAIDEN NAME Cora Voorheis	14. NAME OF HUSBAND OR WIFE Henry England
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 Address Mrs. Bert Cornelison Columbia, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombo sclerosis			unknown
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 332X	
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	
21. I attended the deceased from Dec 12 58 to Dec 17 58 and last saw her alive on Dec 17, 1958 Death occurred at 1:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Shirley Legum MD (Degree or title)		22b. ADDRESS 809 Olive Ave Columbia Mo	
		22c. DATE SIGNED 19 Dec 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/19/1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Mo.	
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia Mo.		25. DATE RECD. BY LOCAL REG. Dec 19, 1958	
		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

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

Student
Signature of Student Embalmer

Signed *Lynn J. Sprinkle*

Licensed Embalmer No. *4013*
P. O. Address *Columba*

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.