

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004497
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 97

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>Columbia Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia Mo</u> C10 5/8 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT inhospital, give location) HOSPITAL OR INSTITUTION <u>502 N. 4th</u> Length of stay in 1b <u>Thyru</u>		d. STREET ADDRESS (If outside, give location) <u>Highway 40 West</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>M</u> Last <u>Mahwell</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>26</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 15-1875</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (City and state or country) <u>Macum Mo</u>
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Jane Mansfield</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>none</u>	17. INFORMANT <u>Emmett Mahwell</u> Address <u>Rt. 3 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>Cerebral Vascular Thrombosis Suggested</u> DUE TO (b) <u>Cerebral Atherosclerosis</u> DUE TO (c) <u>Hemorrhage Generalized Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hemorrhage from diverticulitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u> <u>Years</u> <u>years</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. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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>Jan 30, 59</u> to <u>26 Feb 59</u> and last saw <u>her</u> alive on <u>13 Feb 59</u> Death occurred at <u>7:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John Legue MD</u> (Degree or title)		22b. ADDRESS <u>909 University Ave Columbia Mo.</u>	
22c. DATE SIGNED <u>29 Feb 59</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>March 1-59</u>	<u>Clayton Cemetery</u>	<u>Columbia Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Abraham Funeral Service Park</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 27, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

ilth, elfare, lic, rvice
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *B. L. Graham*

Licensed Embalmer No. *254*

P. O. Address *608 Pa*

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.