

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-027470
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Delta Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center of Mo.		Length of stay in 1b 32 Days	d. STREET ADDRESS (If outside, give location) P.O. Box 1168 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Delilah Middle June Last Bond			4. DATE OF DEATH Month Aug Day 24 Year 57
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 50
9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 7 Days 7 Hours 7 Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINOR	10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME —		14. MOTHER'S MAIDEN NAME VEDA DYSINGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) —	16. SOCIAL SECURITY NO. —	17. INFORMANT Hospital Records Address —	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute lymphocytic leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) —			INTERVAL BETWEEN ONSET AND DEATH 4 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 2040			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 6/3/57 to 8/23/57 and last saw her him alive on 8/23/57 Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. A. Maxwell II, M. D.		c 22b. ADDRESS University Hospital	22c. DATE SIGNED 8/24/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/26/1957	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	23d. LOCATION (City, town, or county) (State) Advantis, Mo.
24. FUNERAL DIRECTOR James W. Maxwell	ADDRESS Columbia	25. DATE RECD. BY LOCAL REG. Aug. 24, 1957	26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmox

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

Doctor, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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

Student.....
Signature of Student Embalmer

Signed *Lynman Sprinkle*

Licensed Embalmer No. *401*

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.