

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020875
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

297

300
-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY AUDRAIN	
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 Mexico 00430 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY MEDICAL INSTITUTE Center		Length of stay in 1b 20 days	d. STREET ADDRESS (If outside, give location) 622 W Breckwidge Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edna Middle Blew Last Campbell			4. DATE OF DEATH Month July Day 7 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/13/85
9. AGE (In years, <u>last birthday</u>) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and state or country) Trenton, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY NONE	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Blew		13b. MOTHER'S MAIDEN NAME Isabel Keith	14. NAME OF HUSBAND OR WIFE
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. none	17. INFORMANT Patient hospital Address CHART
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Subcutaneous abscess DUE TO (c) Carcinoma of liver 1561			INTERVAL BETWEEN ONSET AND DEATH 72 hours 1 mo. Months?
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 checked="" type="checkbox"/> NO <input 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.)	
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 July 1, 1958 to July 7, 1958 and last saw her alive on July 7, 1958 . Death occurred at 8:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wale B. Sparks, M.D.		22b. ADDRESS University Hospital, Columbia, Mo	22c. DATE SIGNED 7-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-58	23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park	23d. LOCATION (City, town, or county) (State) Mexico, Mo
24. FUNERAL DIRECTOR Arnold Furrerzi Home		25. DATE RECD. BY LOCAL REG. July 7 1958	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Geo. H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Mexico, Mo*

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.