

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031748

STATE FILE NUMBER

62131-58

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 423

5. 300
1. -57

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone				
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 Columbia 01050		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ Hosp.			Length of stay in 1b Entire life		d. STREET ADDRESS (If outside, give location) Univ Hosp.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Baby Middle Girl Last SPILLERS				4. DATE OF DEATH Month 9 Day 19 Year 58				
5. SEX Female		6. COLOR OR RACE CAUC.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-18-58		
9. AGE (In years last birthday) 0 0 1 29		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 1 Min. 29				
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) Columbia Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jack Spillers			13b. MOTHER'S MAIDEN NAME Rosalinor Schneider			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. -		17. INFORMANT Hospital Chart Address 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) Ascites & Generalized Edema DUE TO (b) Probable Neonatal Hepatitis DUE TO (c) 7735 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prematurity, cystic disease of lung.							INTERVAL BETWEEN ONSET AND DEATH	
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 _____ 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 10:56p, 9-18-58 to 9-19-58 and last saw ^{him} alive on 9-19-58 Death occurred at 12:25 a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Geor Van Keenan MD				22b. ADDRESS Univ Med Center, Columbia		22c. DATE SIGNED 9-19-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 9-20-58		23c. NAME OF CEMETERY OR CREMATORY Pathology Dept. Univ Med Center		23d. LOCATION (City, town, or county) (State) Columbia, Boone, Missouri		
24. FUNERAL DIRECTOR James F. Rowdell MD ADDRESS				25. DATE RECD. BY LOCAL REG. Sept 22 1958		26. REGISTRAR'S SIGNATURE Mrs RE Palmer		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....

P. O. Address.....

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.