Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038879
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 39 Primary Registration District No. 3006 Registrar's No. 522

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN: Columbia — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: University Medical Center — Length of stay in 1b: 60 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mansfield 1140 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Route 3 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Alma Middle: Draper Last: Letsinger
4. DATE OF DEATH: Month 11 Day 24 Year 58
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-20-99
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Newt Draper
13b. MOTHER'S MAIDEN NAME: Alice Simpson
14. NAME OF HUSBAND OR WIFE: Russell Letsinger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA, THYROID GLAND
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) WITH PLEURAL AND PULMONARY METASTASES
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 194X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov. 17 1958, to Nov. 24, 1958 and last saw her/him alive on Nov. 24 1958
Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J S Sanders (Degree or title) MD
22b. ADDRESS: University Med. Center
22c. DATE SIGNED: 24 NOV 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-24-58
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county): Mansfield (State): Mo

24. FUNERAL DIRECTOR: Max L Miller ADDRESS: Mansfield Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 24 1958
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

DEC 2 1958

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield M

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.