

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016715

STATE FILE NUMBER

248

FILED JUN 8 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No.

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DALLAS	
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 URBANA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIV MED. CENTER Length of stay in lb —		d. STREET ADDRESS (If outside, give location) ROUTE 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DUANE Middle LEON Last ABEL		4. DATE OF DEATH Month MAY Day 30 Year 1959	
5. SEX MALE	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 8-12-1950
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) URBANA, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME DARRAL ABEL	
13b. MOTHER'S MAIDEN NAME MILDRED ALICE MINCKS		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 MILDRED ABEL		Address URBANA, 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) RESPIRATORY ARREST DUE TO (b) PARALYSIS (GENERALIZED) DUE TO (c) METASTATIC PINEAL TUMOR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1954			INTERVAL BETWEEN ONSET AND DEATH 10 MIN. 1 MONTH 2 YEARS
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 URBANA COUNTY MO. STATE MO.	
21. I attended the deceased from AUG 28, 1957 to MAY 30, 1959 and last saw ^{her} _{him} alive on MAY 30, 1959 Death occurred at 6:40 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Clément E. Bunde MD (Degree or title)		22b. ADDRESS U. of Missouri MED. CENTER	
22c. DATE SIGNED 5/30/59		22d. ADDRESS (State) —	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/2/1959	23c. NAME OF CEMETERY OR CREMATORY Urbana	23d. LOCATION (City, town, or county) Urbana Mo.
24. FUNERAL DIRECTOR Lyman Frankle ADDRESS Columbia		25. DATE RECD. BY LOCAL REG. May 31 1959	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

Health, Welfare, Public Service

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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

Lyman Spunkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.