

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028120

FILED VS AUG 31 1959 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 347

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in lb ----- c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical C.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2403 E. Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Odell</u> Last <u>Acton</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>27</u> Year <u>1959</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/21/41</u>		9. AGE (last birthday) <u>18</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Delivery Man</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>				11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Phillip Acton</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Turner</u>				14. NAME OF HUSBAND OR WIFE <u>Not married</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>-</u>				17. INFORMANT <u>Phillip Acton</u> Address <u>Columbia, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage, massive, right thorax</u> (b) <u>Laceration of right lung</u> (c) <u>Crushing injury of chest sustained in motor vehicle accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Deceased crushed behind steering wheel of motor vehicle after it left highway & crashed.</u>											
20c. TIME OF INJURY Hour <u>2:30</u> a.m. _____ p.m. _____		Month <u>Aug.</u> Day <u>27</u> Year <u>1959</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>McBani</u>		COUNTY <u>Boone</u>		STATE <u>Missouri</u>							
21. I attended the deceased from <u>Coroner's Cor.</u> and <u>her</u> saw him alive on _____ Death occurred at <u>5:50</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>Vincent P. Baum, M.D., Coroner</u>								22b. ADDRESS <u>Univ. of Mo. Med. Center</u>				22c. DATE SIGNED <u>Aug 28 1959</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/29/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>							
24. FUNERAL DIRECTOR <u>Lyman Sprinkle</u> Address <u>Columbia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 28, 1959</u>				26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Vramme

Licensed Embalmer No. 4425

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.