

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028125

FILED VS SEP 8 1959 38

Registration District No. Primary Registration District No. 3006

Registrar's No. 415

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		c. CITY OR TOWN JEFFERSON CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center		d. STREET ADDRESS (If outside, give location) Route #2	

3. NAME OF DECEASED (Type or print) First NANCY Middle LOUISE Last CARRENDER			4. DATE OF DEATH Month September Day 3 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE CAUCASION	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-59	9. AGE (last birthday) Months 5 Days 5 Hours Min. 	IF UNDER 1 YEAR IF UNDER 24 HR	
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) TUSCUMBIA, MO		12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME LAURENCE CARRENDER		13b. MOTHER'S MAIDEN NAME MARTHA GRETLEIN		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)		16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Record	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 3 days
IMMEDIATE CAUSE (a) Anoxia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Pulmonary Insufficiency			
DUE TO (c) Esophageal ATRESIA and Tracheo-esophageal Fistula			
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 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 11:22 a.m. p.m.	Month, Day, Year		
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	COUNTY STATE

21. I attended the deceased from **8/3/59** to **9/3/59** and last saw her **alive** on **9/3/59**
 Death occurred at **11:22 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roy August Westerfeld MD		22b. ADDRESS University of Mo Med. Center, Columbia, Mo		22c. DATE SIGNED 9/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept 3 1959	23c. NAME OF CEMETERY OR CREMATORY Russellville	23d. LOCATION (City, town, or county) (State) MO	
24. FUNERAL DIRECTOR Harold A. Scherker		25. DATE RECD. BY LOCAL REG. Sept 3 1959	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

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 Hugo H. Schulz

Licensed Embalmer No. 2820

P. O. Address Bussell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.