

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031451

FILED VS OCT 5 1959

38

Registration District No. _____ Primary Registration District No. **3006**

Registrar's No. **464**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY BARTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 11 Days	c. CITY OR TOWN LAMAR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION M.U. Med. Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) STAR Route		
3. NAME OF DECEASED (Type or print) First Rosie Middle MARIE Last KADERLY			4. DATE OF DEATH Month SEPT Day 30 Year 1959			
5. SEX FEMALE	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 4-18-43	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) BARTON Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME CLIFFORD KADERLY		13b. MOTHER'S MAIDEN NAME Rosie PENNELL		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 Address COLUMBIA, Mo. M.U. Med. Center RECORDS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO (b) chronic renal disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 9/10/59 5 9/30/59	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) septicemia - electrolyte imbalance					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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	COUNTY	STATE	
21. I attended the deceased from Sept. 19, 1959 to Sept 20, 1959 and last saw her alive on 10³⁰ Sept. 30 Death occurred at 11:02 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Michael J. Avigian, M.D.			22b. ADDRESS U. of Mo. Med. Center		22c. DATE SIGNED 10/1/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-1-1959	23c. NAME OF CEMETERY OR CREMATORY Jerico Springs, Mo.		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Parler Funeral Service, Columbia Mo			25. DATE RECD. BY LOCAL REG. Oct. 1 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 George A. Herbert

Licensed Embalmer No. 11757

P. O. Address Columbia

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