

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031452

FILED VS SEP 28 1959 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 446

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 MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Length of stay in 1b 10 hrs. 30 min	c. CITY OR TOWN LAPLATA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEDICAL CENTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT # 3
3. NAME OF DECEASED (Type or print) First Middle Last JAMES R KAUZLARICH			4. DATE OF DEATH Month Day Year 9 20 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 1-3-44
9. AGE (last birthday) 15		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) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) TIRESVILLE, MO
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME FRANK KAUZLARICH	
13b. MOTHER'S MAIDEN NAME DAZY HENNING		14. NAME OF HUSBAND OR WIFE NONE	
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 HOSPITAL RECORD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema, brain marked			INTERVAL BETWEEN ONSET AND DEATH 10 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Laceration of brain extensive			16 Hours
DUE TO (c) Gunshot wound of head, .22 Caliber			16 Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple fractures of skull			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 checked="" type="checkbox"/> NO <input 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.) deceased accidentally shot	
20c. TIME OF INJURY Hour 8:00 a.m. p.m. Month, Day, Year Sept. 19 1959	self in head with .22 caliber rifle		
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.) Home	20f. CITY, TOWN, OR LOCATION Route # 3 La Plata	COUNTY STATE MACON MO
21. I attended the deceased from CORONER'S CARE her/his saw him live on Death occurred at 12 45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Vincent P Perma MD Coroner		22b. ADDRESS Univ. of Mo. Medical Center	22c. DATE SIGNED Sept 20, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-22-1959	23c. NAME OF CEMETERY OR CREMATORY La Plata	23d. LOCATION (City, town, or county) La Plata, Mo.
24. FUNERAL DIRECTOR Lynn Smith, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Sept 20 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

DOCUMENT

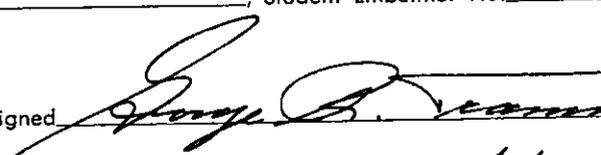
MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 442

P. O. Address Columbus

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.