DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036969

STATE FILE NUMBER

FILED VS NOV 10 1959

MENDED

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSAGE — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 Miles S. E. Gravois Mills, Mo. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 411 Sanford Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Theodore Middle Lewis Last Via

4. DATE OF DEATH Month Nov. Day 5 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/8/1871
9. AGE (last birthday) 88 — 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) Interior decorating
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (City and state or country) Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jim Via
13b. MOTHER'S MAIDEN NAME Sallie McGuire
14. NAME OF HUSBAND OR WIFE Maude Cook Via

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. ------
17. INFORMANT William T. Via — Address Gravois Mills, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 1954, to Oct 1959 and last saw him alive on 10/14/59
Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Roy J. Miller M.D.
22b. ADDRESS 213 Guitar Bldg Columbia Mo
22c. DATE SIGNED 6 Nov 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/8/1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Columbia, Mo.

24. FUNERAL DIRECTOR Lyman Sprinkle — ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. 11-7-59
26. REGISTRAR'S SIGNATURE J. L. Washb

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAY 25 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Geo. B. Trumme

Licensed Embalmer No. 4425

P. O. Address Columbia,

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