

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038949

FILED VS DEC 14 1959

38

Primary Registration District No. 3006 Registrar's No. 610

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>4 days</u>	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>305 West Cooper</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Jean Rainey Willis</u>			4. DATE OF DEATH Month Day Year <u>Dec. 11 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-30-27</u>	9. AGE (last birthday) <u>32</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>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Little Rock, Arkansas</u>		11. BIRTHPLACE (City and state or country) <u>yes U.S.A</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Charley Rainey</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Reid</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED MEMBER 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>Hospital Record Columbia Mo</u> Address		

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
IMMEDIATE CAUSE (a)	<u>Pulmonary Edema</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b)	<u>malignant hypertension</u>	
DUE TO (c)	<u>chronic glomerulonephritis</u>	<u>26 yrs. ?</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 checked="" 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 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 <u>Columbia Boone Mo.</u>

21. I attended the deceased from Dec. 7, 1959 to Dec. 11, 1959 and last saw her/him alive on Dec. 11, 1959
Death occurred at 1:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert E. Stufflebom MD.</u>	22b. ADDRESS <u>Univ. of Mo. Med Center</u>	22c. DATE SIGNED <u>12-11-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/15/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>
24. FUNERAL DIRECTOR <u>Travis Depue</u>	ADDRESS <u>400 W. Cooper</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 11 1959</u>
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		

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

Student _____
Signature of Student Embalmer

Signed

Eric [Signature]

Licensed Embalmer No. 4245

P. O. Address Seaside

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.