URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

'59 043338
STATE FILE NUMBER

ENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 629

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Missouri medical center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 600 West Mountain
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Curtis Middle: Burnam Last: Rollins
4. DATE OF DEATH: Month: Dec. Day: 19 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 8-26-'89
9. AGE (last birthday): 70
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and state or country): Columbia Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Curtis Rollins
13b. MOTHER'S MAIDEN NAME: Ruth McCune
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 500-09-0724
17. INFORMANT: Hospital Record Address: Columbia 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): Adrenal Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma to Adrenal
DUE TO (c): Primary in Rectum
INTERVAL BETWEEN ONSET AND DEATH: 9 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Metastatic Carcinoma to liver + lung
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: Columbia COUNTY: Boone STATE: Missouri
21. I attended the deceased from 12-5-59, to 12-19-59 and last saw her/him alive on 12-19-59
Death occurred at 10 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Robt. E. Leuffelbaum M.D.
22b. ADDRESS: Univ. of Mo. Med. Center
22c. DATE SIGNED: 12-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Columbia Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Mo.
24. FUNERAL DIRECTOR: Parker Funeral Service ADDRESS: Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 20 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 26 1960

JAN 6

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_____ Signed J W Phillips

Signature of Student Embalmer

Licensed Embalmer No. 4897

P. O. Address Columbia M

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.