

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000168

FILED VS. JAN 25 1960 38

Primary Registration District No. 3006 Registrar's No. 24

STATE FILE NUMBER

DED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 3 days		c. CITY OR TOWN Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center				d. STREET ADDRESS (If outside, give location) Post Office box 303		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Darlene Middle Temple Last Angle				4. DATE OF DEATH Month January Day 16 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/6/38	
9. AGE (last birthday) 21		IF UNDER 1 YEAR Months 21 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Stanberry, Gentry, Mo. USA.	
13a. FATHER'S NAME Eldon Temple				13b. MOTHER'S MAIDEN NAME Virginia Meek		14. NAME OF HUSBAND OR WIFE Paul Angle	
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 Hospital Chart	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhagic Diastasis DUE TO (c) Lymphoma 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							INTERVAL BETWEEN ONSET AND DEATH 4 months
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 10 a.m. 08 p.m.		Month, Day, Year 1-13-60					
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 Stanberry, Missouri		COUNTY Gentry STATE Mo.	
21. I attended the deceased from 1-13-60 to Death and last saw her alive on 1-16-60 Death occurred at 10 08 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. Aronian M.D.				22b. ADDRESS U. of Mo. Med. Center		22c. DATE SIGNED 1/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/19/60		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Stanberry, Missouri	
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Jan. 17 1960		26. REGISTRAR'S SIGNATURE Mr. R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

JAN

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

Lynman H. Spruill
Licensed Embalmer No. 4013

P. O. Address Columbia

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.