

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000176

FILED VS FEB 1 1960 38

3006

47

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 9th day		c. CITY OR TOWN Higginsville		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 Medical			Inside Limit Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First STELLA Middle _____ Last CARTER				4. DATE OF DEATH Month JANUARY Day 24 Year 1960				
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-4-99	9. AGE (last birthday) 59	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) house keeper			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lafayette Mo		12. CITIZEN OF WHAT COUNTRY UNITED STATES		
13a. FATHER'S NAME Henry Grant			13b. MOTHER'S MAIDEN NAME Rosie unknown		14. NAME OF HUSBAND OR WIFE Fred Carter			
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 Address University Medical Records				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia + DUE TO (b) Septicemia DUE TO (c) 50% 3rd degree burns 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 type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
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.) clothing caught fire when kerosene lamp upset					
20c. TIME OF INJURY Hour 9 a.m. / p.m. Month, Day, Year 10 Jan '60	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 Higginsville	COUNTY Missouri	STATE MO	
21. I attended the deceased from Jan 15 1960 to Jan 24 1960 and last saw her ^{her} alive on Jan 24 1960 Death occurred at 5:00 AM 24 Jan '60 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. R. Ellis MD.				22b. ADDRESS U. of Missouri Medical Center		22c. DATE SIGNED 26 Jan '60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 27, 1960	23c. NAME OF CEMETERY OR CREMATORY Higginsville		23d. LOCATION (City, town, or county) (State) Higginsville, Mo.				
24. FUNERAL DIRECTOR Mrs Stuart Parker, Columbia, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 27 1960	26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 22 1962

SEP 29 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George R. Irem

Licensed Embalmer No. 442

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.