

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005119

FILED VS MAR 14 1960 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 141

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Length of stay in 1b 1 DAY		c. CITY OR TOWN COLUMBIA		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 CENTER			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 102 W ALLEN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MARCELLA Middle ELAINE Last CROSS				4. DATE OF DEATH Month MARCH Day 4 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE COLORED		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-3-60		9. AGE (last birthday) N.B.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min. 23 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) COLUMBIA MISSOURI				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME GOLDIE MAE CROSS				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT Address 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) ANOXIA DUE TO (b) Prematurity DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 1 day			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None										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			
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 Month, Day, Year a.m. p.m.													
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			
21. I attended the deceased from 9/3/60 to 9/4/60 and last saw her/him alive on 9/4/60 Death occurred at 1030 P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Roy August Westfield MD						22b. ADDRESS Univ. of Mo. Med Center, Columbia						22c. DATE SIGNED 3/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/8/60		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board				23d. LOCATION (City, town, or county) (State) Columbia Mo					
24. FUNERAL DIRECTOR M.D. Overholser, State Anatomical Board				ADDRESS		25. DATE RECD. BY LOCAL REG. Mar. 8, '60		26. REGISTRAR'S SIGNATURE Mrs R E Palmer					

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.