

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005143**

FILED VS FEB 29 1960 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 112

STATE FILE NUMBER

UNDE

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>BOONE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>1 Day</b>	c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>University of Mo. Medical Center</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>212 B UNITY DR.</b>	
3. NAME OF DECEASED (Type or print) First <b>Gene</b> Middle <b>-</b> Last <b>Redmon</b>			4. DATE OF DEATH Month <b>2</b> Day <b>20</b> Year <b>60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-05</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BOONE @ O. Mo</b>		11. BIRTHPLACE (City and state or country) <b>U. S.</b>	
13a. FATHER'S NAME <b>SAM Redmon</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Woods</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT Address <b>Hospital Medical Records</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Vascular Collapse</b>					INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>generalized peritonitis</b>					<b>60 hrs</b>
DUE TO (c) <b>perforated viscus due to superior</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>mesenteric artery occlusion by infiltrating tumor.</b>					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 checked="" type="checkbox"/> NO <input 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 <b>1:00 AM 19 Feb '60</b> to <b>death</b> and last saw him alive on <b>20 Feb '60</b> Death occurred at <b>8:10 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>L. R. Ellis, M.D.</b> (Degree or title)			22b. ADDRESS <b>U. of Missouri Medical Center</b>		22c. DATE SIGNED <b>20 Feb '60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 24 - 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Funston</b>	23d. LOCATION (City, town, or county) (State) <b>Funston, Mo.</b>		
24. FUNERAL DIRECTOR <b>Mr. Stuart Parker, Columbia, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Feb 24 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs RE Palmer</b>		

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 George R. Veer

Licensed Embalmer No. 442

P. O. Address Columbus

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.