

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

**60-009886**

FILED VS MAR 21 1960

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 160

ENDED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b years <u>years</u>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>202 Oak</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Stella</u> Middle <u>Jack</u> Last <u>man</u>				4. DATE OF DEATH Month <u>3</u> Day <u>15</u> Year <u>60</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widow <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-2-1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HR Hours <u>16</u> Min. <u>00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and state or country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>Boone Co. Mo.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Fletcher Jackman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Hosp. Record</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u>							<u>6 mo.</u>	
DUE TO (b) <u>Carcinomatosis + adhesions</u>							<u>8 mo.</u>	
DUE TO (c) <u>Jejunal Carcinoma</u>							<u>14 mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General severe emaciation</u>							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	
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								
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 <u>4-24-59</u> to <u>present</u> and last saw her alive on <u>3-14-60</u> Death occurred at <u>4:30 approx 3-15-60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Guyton H. Smith</u> (Degree or title)				22b. ADDRESS <u>1015 Chevre</u>		22c. DATE SIGNED <u>3-15-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>March 18, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>		23d. LOCATION (City, town, or county) <u>Columbia, MO.</u> (State)				
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>Mar 16, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			

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 D. Venn

Licensed Embalmer No. 4420

P. O. Address Belmont

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.