

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009906

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>MILAN</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>UNIVERSITY HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>711 EAST 3rd ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Mollie</u> Middle <u>STINSON</u> Last <u>SPENCER</u>				4. DATE OF DEATH Month <u>3</u> Day <u>30</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-15-98</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>SULLIVAN COUNTY MO. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Edward STINSON</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth McCORMICK</u>				14. NAME OF HUSBAND OR WIFE <u>LEONARD SPENCER</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.		17. INFORMANT <u>Medical Records - University Hosp</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal Shutdown</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1955 to March 1960</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Malignant Hypertension</u>											
		DUE TO (c)											
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			
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 <u>12:15</u> Month, Day, Year <u>March 26 1960</u>		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 <u>Milan, Missouri</u>		COUNTY		STATE			
21. I attended the deceased from <u>March 26 1960</u> to <u>March 30 1960</u> and last saw her <u>live on March 30 1960</u> Death occurred at <u>12:15 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Michael J. Amigan</u> (Degree or title) <u>MD</u>						22b. ADDRESS <u>43/110 Med Center</u>			22c. DATE SIGNED <u>3/30/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-30-1960</u>		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State) <u>Milan, Missouri</u>						
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Mar 30, 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

*J. W. Phillips*

Licensed Embalmer No.

4897

P. O. Address

*Columbus, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.