

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014211

FILED VS APR 25 1960 38

5120 Registrar's No. 242

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone	a. STATE Ill.		b. COUNTY Tazewell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia	Length of stay in 1b Instant	c. CITY OR TOWN Pekin	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 Miles North of Col.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1011 South 5th St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Mary	Middle D.	Last Edgcomb	4. DATE OF DEATH	Month 4	Day 20	Year 1960
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5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/28/1919	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) La Salle, Ill	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Paul Born	13b. MOTHER'S MAIDEN NAME Irene Crowley	14. NAME OF HUSBAND OR WIFE Lawrence Edgcomb
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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. Yes	17. INFORMANT Michael Edgcomb Pekin, Ill.
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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) Crushing injuries of chest		Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Deceased was riding in a motor
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20c. TIME OF INJURY 4:15 p.m.	Month, Day, Year April 20, 1960	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.) Highway	20f. CITY, TOWN, OR LOCATION Columbia	COUNTY Boone	STATE Missouri
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21. I attended the deceased from Coroner's Case	Death occurred at approx 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Vincent P. Perum M.D. Coroner	22b. ADDRESS Univ. of Mo. Med. Center	22c. DATE SIGNED 20 Apr. 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/21/1960	23c. NAME OF CEMETERY OR CREMATORY Pekin, Illinois	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.	25. DATE RECD. BY LOCAL REG. April 21 1960	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 1 8 1962

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 Lyman Spunkle

Licensed Embalmer No. 4013

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.