RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960 38

60-018329

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 229 Clayton — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Paula Middle Kay Last Coots
4. DATE OF DEATH: Month May Day 14 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-1-60
9. AGE (last birthday) — IF UNDER 1 YEAR: Months — Days 13 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Coots, James
13b. MOTHER'S MAIDEN NAME: Grisehurt, Barbara
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paula Coots' Record. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congenital myelomeningocoele — INTERVAL BETWEEN ONSET AND DEATH: 13 days
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): Multiple congenital anomalies

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-10-60 to 5-14-60 and last saw ~~her~~ him alive on 5-14-60
Death occurred at 8 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James J. Mann, M.D. (Degree or title)
22b. ADDRESS University of Missouri Medical Center
22c. DATE SIGNED May 14 1960

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 14 May 60
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) St. Joseph, Missouri (State)

24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. May 14 1960
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DED

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4425

P. O. Address_____

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