

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022321

STATE FILE NUMBER

FILED VS JUN 20 1960

38

Primary Registration District No. 3006

Registrar's No. 351

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone	a. STATE Mo.		b. COUNTY Camden
b. CITY (if outside corporate limits, give TOWNSHIP only) Columbia	Length of stay in lb 7 days	c. CITY OR TOWN Roach	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) Univ. of Mo. Medical Center	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Othel	Middle WARREN	Last Moulder	Month June	Day 14	Year 1960	
5. SEX M	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 Sept 10, 1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Camden County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Sheridan Moulder	13b. MOTHER'S MAIDEN NAME FANNIE WARREN	14. NAME OF HUSBAND OR WIFE Nell Moulder
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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. 389-10-4698	17. INFORMANT Hospital Records Columbia Mo	Address
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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) ACUTE CARDIAC DECOMPENSATION		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) AORTIC STENOSIS	
	DUE TO (c) RHEUMATIC HEART DISEASE	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE, PULMONARY EMPHYSEMA	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 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.) 1
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20c. TIME OF INJURY Hour a.m. p.m. 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 Camden	COUNTY Camden	STATE
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21. I attended the deceased from 6/13/60 to 6/14/60 and last saw him alive on 6/14/60 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.S. Sanders MD	22b. ADDRESS Univ. of Mo. Med Center	22c. DATE SIGNED 6/14/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-15-1960	23c. NAME OF CEMETERY OR CREMATORY Camden Co. Clemon Spruill's Care	23d. LOCATION (City, town, or county) (State) Camden, Mo.
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24. FUNERAL DIRECTOR Prater Funeral Service Columbia Mo	ADDRESS Columbia Mo	25. DATE RECD. BY LOCAL REG. June 15 1960	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
DEC 30 1982

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.