

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025819

FILED VS AUG 8 1960

38

Primary Registration District No. 3006

Registrar's No. 434

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia			Length of stay in 1b 24 days		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 823 Jefferson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nora Klick				4. DATE OF DEATH Month Day Year 7 31 60				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-795	9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Callaway Co. Missouri		12. CITIZEN OF WHAT COUNTRY United State	
13a. FATHER'S NAME Beuskin, Everett			13b. MOTHER'S MAIDEN NAME Rhemes, Mary Anna			14. NAME OF HUSBAND OR WIFE Fritz Klick		
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. none		17. INFORMANT Hospital File Columbia, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Kidney with DUE TO (b) metastasis to the brain and lungs DUE TO (c) Reticulum cell sarcoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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								INTERVAL BETWEEN ONSET AND DEATH Unknown ? 5 weeks
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 a.m. p.m.								
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 July 7, 1960 to 7/31/60 and last saw her alive on 7/31/60 Death occurred at State 195 p m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B. Shields M.D.				22b. ADDRESS 915 N. Grand, St. Louis Mo			22c. DATE SIGNED 7/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 3 1960	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) (State) Fulton Missouri			
24. FUNERAL DIRECTOR Wallace Funeral Home Fulton Mo.				25. DATE RECD. BY LOCAL REG. July 31 1960		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer		

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed A. R. Masune

Licensed Embalmer No. 4990

P. O. Address Sutton, 1

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