

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029609

STATE FILE NUMBER

FILED VS. SEP 6 1960 38 3006 Registrar's No. 490

DEED 11/21/60
 POLICY # 15301
 ISSUED 4/25/60
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Missouri Length of stay in lb 10 days				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain c. CITY OR TOWN Mexico 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 Fischell Hosp Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) 419 Handly Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. CITY OR TOWN Mexico Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Celia Middle Buboltz Last Bise			4. DATE OF DEATH Month September Day 1 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/79	9. AGE (last birthday) 80 74	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ex. Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sherwood, Wisconsin	12. CITIZEN OF WHAT COUNTRY America		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
13a. FATHER'S NAME August Buboltz		13b. MOTHER'S MAIDEN NAME Alvina Schmidt		14. NAME OF HUSBAND OR WIFE Wm. Bise Dec'd			
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. —		17. INFORMANT Hospital Records Address 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 pancreas, with hepatic metastases 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					INTERVAL BETWEEN ONSET AND DEATH 3 Mos		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 _____	COUNTY _____	STATE _____		
21. I attended the deceased from Aug 22 1960 to Sept 1, 1960 and last saw her alive on Sept 1, 1960 Death occurred at 8:10 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter W. Lewenshaw M.D.			22b. ADDRESS Ellis Fischell State Cancer Hospital		22c. DATE SIGNED 9-1-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-3-60	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD Cem	23d. LOCATION (City, town, or county) MEXICO MO				
24. FUNERAL DIRECTOR Arivo H. Furil Home		ADDRESS MEXICO MO	25. DATE RECD. BY LOCAL REG. Sept. 1, 1960	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

NOV 18 AON

SEP 6 1960

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 Richard Y. McDonald

Licensed Embalmer No. 482

P. O. Address Memphis

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