

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029616

FILED VS. SEP 6 1960

38

Primary Registration District No. 3006 Registrar's No. 482

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BOONE COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA MO.			Length of stay in 1b		c. CITY OR TOWN COLUMBIA MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOONE CO. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 601 OAK		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MITCHELL Middle - Last EATON				4. DATE OF DEATH Month AUG. Day 26 Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HR Hours 5 Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ROCHEPORT MO U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME TOM EATON			13b. MOTHER'S MAIDEN NAME MAUDE MITCHELL		14. NAME OF HUSBAND OR WIFE -		
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. 490-07-3971		17. INFORMANT MAUDE SMILT Address COLUMBIA MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) intestinal obstruction DUE TO (b) Carcinoma pancreas DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
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"/> N. <input type="checkbox"/> Unknown	
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 - 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		COUNTY	STATE		
21. I attended the deceased from May 1960 to Aug 1960 and last saw ^{her} him alive on 25 Aug 1960 Death occurred at 26 Aug on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. E. ... M.D.			22b. ADDRESS Columbia Mo			22c. DATE SIGNED 27 Aug 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/28/1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery Columbia Mo		23d. LOCATION (City, town, or county) (State) Columbia Mo			
24. FUNERAL DIRECTOR Mrs. Stuart Parker		ADDRESS Columbia Mo		25. DATE RECD. BY LOCAL REG. Aug 28 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 by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George R. Tramm

Licensed Embalmer No. 4425

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: