

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033813
STATE FILE NUMBER

FILED VS. SEP 19 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 522

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Boone		b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		a. STATE Missouri		b. COUNTY Cass	
Length of stay in lb 8 days		c. CITY OR TOWN Creighton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Ellis Fischel State Cancer				d. STREET ADDRESS Ellis Fischel State Cancer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Rachel		Middle Victoria		Last Leabo		Month September	
Day 15		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 12-18-91	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 0	IF UNDER 24 HR Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Warsaw, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joe Bronstetter		13b. MOTHER'S MAIDEN NAME Susan Boyles		14. NAME OF HUSBAND OR WIFE Widowed			
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. unknown		17. INFORMANT Hospital Records - Columbia, Mo			
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)		Myocardial Infarction		10 mins			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		Arterio Sclerotic Heart Disease		Unknown	
		DUE TO (c)		Unknown			
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.			
Carcinoma of Pancreas - Inoperable.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 7 Sept 60 to 15 Sept 60 and last saw him alive on 15 Sept 60		Death occurred at 8:40 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. J. Sands M.D.				22b. ADDRESS Columbia, Mo.		22c. DATE SIGNED 15 Sept 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-16-1960		23c. NAME OF CEMETERY OR CREMATORY Clinton, Mo		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Lyman Spunkle Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Sept 16 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 92 SES

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  _____

Licensed Embalmer No. 42

P. O. Address Columb

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.