

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-033825

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 527

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Benton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 2 1/2 days	c. CITY OR TOWN Lincoln		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. MEDICAL CENTER			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2	
3. NAME OF DECEASED (Type or print) First JANICE Middle LOUAYA Last STINSON			4. DATE OF DEATH Month 9 - Day 19 - Year 60		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-48	9. AGE (last birthday) 12	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WYOMING	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Lewis Stinson		13b. MOTHER'S MAIDEN NAME IRIS LAY		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)		16. SOCIAL SECURITY NO.		17. INFORMANT Address University of Mo. Medical Records	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY + CARDIAC ARREST			INTERVAL BETWEEN ONSET AND DEATH 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRAIN STEM CONTUSION			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Truck in which victim was riding, rolled over	
20c. TIME OF INJURY 5:30 p.m. Month, Day, Year 9 15 60			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	20f. CITY, TOWN, OR LOCATION Lincoln	COUNTY Benton STATE Mo.
21. I attended the deceased from 9-15-60 to 9-19-60 and last saw her/him alive on 9-18-60 Death occurred at 2 AM 9-19-60 m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Richard S. [Signature], M.D.		22b. ADDRESS UMMC		22c. DATE SIGNED 9/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-20-1960	23c. NAME OF CEMETERY OR CREMATORY Goodwood		23d. LOCATION (City, town, or county) (State) Lincoln, Mo.
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Sept 19, 1960	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

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. Kamm

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.