

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-037423

OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 38 Primary Registration District No. 3006 Registrar's No. 581

FILED VS OCT 24 1960

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 2 Days	c. CITY OR TOWN CURRYville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MO. INSTITUTION Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RONNIE Middle Layne Last Bland			4. DATE OF DEATH Month 10 - Day 16 - Year 60			
5. SEX MAle	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 10-9-60	9. AGE (last birthday) 6 Days	IF UNDER 1 YEAR Months 6 Days 6 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) LOUISIANA MO.		
13a. FATHER'S NAME Jimmie Lee Bland		13b. MOTHER'S MAIDEN NAME NORMA Lee Todd		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 University of mo. medical Records Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-RESPIRATORY INSUFFICIENCY DUE TO (b) PREMATURITY DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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

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 **10/14/60** to **10/16/60** and last saw ^{her}him alive on **10/16/60**.
Death occurred at **1:10** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George L. Baker (Degree or title) M. D.	22b. ADDRESS M. U. MEDICAL CENTER COLUMBIA MISSOURI	22c. DATE SIGNED 10/16/60
23a. BURIAL CREATION, REMOVAL (Specify) Burial	23b. DATE Oct. 16, 1960	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cem.
24. FUNERAL DIRECTOR William Waters ADDRESS Vandalia Mo.	25. DATE RECD. BY LOCAL REG. Oct. 16, 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 ^{Not} embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.