URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-037428
STATE FILE NUMBER

FILED VS OCT 17 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 571

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 3 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Camden
c. CITY OR TOWN Camdenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 133 Clint — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Rose Middle: Christianson Last: Cummins
4. DATE OF DEATH Month: 10 Day: 10 Year: 60
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-15-98
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Hans Christiansen
13b. MOTHER'S MAIDEN NAME: Christine Andersen
14. NAME OF HUSBAND OR WIFE: Frank Cummins
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.: 479-34-7305
17. INFORMANT: U.M.M.C. Med. Records. Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocarial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Arteriosclerosis, General
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus c Nephropathy, Neuropathy, Retinopathy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-7-60, to 10-10-60 and last saw her alive on 10-10-60
Death occurred at 11:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Peter Ehern (Degree or title) M.D.
22b. ADDRESS Univ. Hosp. Columbia, Mo.
22c. DATE SIGNED 10-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-10-1960
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Camdenton, Missouri
24. FUNERAL DIRECTOR: Parrish Funeral Service ADDRESS: Columbia Mo
25. DATE RECD. BY LOCAL REG.: Oct 10 1960
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

OCT 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed J. W. Phillips

Signature of Student Embalmer

Licensed Embalmer No. 4897

P. O. Address Columbia M

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