

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037443

FILED VS OCT 17 1960

38

Primary Registration District No.

3006

Registrar's No.

568

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Boone</u>	a. STATE <u>Mo.</u>		b. COUNTY <u>Boone</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>	Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>Columbia</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Mo. Medical Center</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>216 Clinckscales</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Leroy</u>	Middle <u>Everald</u>	Last <u>Juhl</u>	4. DATE OF DEATH	Month <u>10</u>	Day <u>8</u>	Year <u>60</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-18-91</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unem played</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Audubon Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Christian Juhl</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Lundscor</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Juhl (wife)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>University of Mo. Medical Records</u>	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:		INTERVAL BETWEEN ONSET AND DEATH <u>1 mi</u>
IMMEDIATE CAUSE (a)	<u>CORONARY OCCLUSION</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>ARTERIO SCLEROSIS</u>
	DUE TO (c)	<u>DIABETES MELLITUS</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BLADDER WITH PERITONITIS</u>	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 9-26-60 to 10-8-60 and last saw her/him alive on 10-8-60
 Death occurred at 7:26 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>E. Richard Singer, M.D.</u>	22b. ADDRESS <u>Columbus, Mo.</u>	22c. DATE SIGNED <u>10/8/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EXIRA Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>EXIRA Iowa</u>
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24. FUNERAL DIRECTOR <u>Schirmer-Stevinson</u>	ADDRESS <u>Versailles, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 8 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1960

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

John R. Scrimin

Licensed Embalmer No. 4880

P. O. Address Ware, Mass.

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