

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041058

FILED VS DEC 5 1960

38

Primary Registration District No. **3006**

Registrar's No. **660**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JAS PER									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 70 days		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" 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) 1121 Roosevelt		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Albert Middle Allen Last Stice				4. DATE OF DEATH Month 11 Day 27 Year 60									
5. SEX Male		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 1-27-80		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) OS WEGO KAN.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Joseph Alexander				13b. MOTHER'S MAIDEN NAME Mattie Killebrew				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) NO				16. SOCIAL SECURITY NO. 500-09-4167		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) Bacterial Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Possible Carcinoma of Pancreas DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 68 hrs			
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 checked="" type="checkbox"/> NO <input 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 9/18/60 a.m. 11:30 P.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 9/18/60 to 11/27/60 and last saw her 11/27/60 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				and last saw him alive on									
22. SIGNATURE (Degree or title) Robert E Bregant M.D.				22b. ADDRESS 6 West Dr., Columbia Mo.				22c. DATE SIGNED 11/28/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/28/1960		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Joplin, Missouri		(State)					
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Nov 28 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 embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Leever

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo

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