

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000184

FILED VS JAN 3 0 1961

38

Primary Registration District No. 3006

Registrar's No. 42

STATE FILE NUMBER

AMENDED

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Boone</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cole</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Length of stay in 1b <i>20 days</i>		c. CITY OR TOWN <i>Jefferson City</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>University of Missouri Medical Center</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Route 2</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Mathilda</i> Middle <i>Mary</i> Last <i>Crader</i>				4. DATE OF DEATH Month <i>Jan</i> Day <i>21</i> Year <i>1961</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-28-15</i>		9. AGE (last birthday) <i>45</i>		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) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (City and state or country) <i>Westphalia Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>					
13a. FATHER'S NAME <i>Buersmeyer, Herman</i>				13b. MOTHER'S MAIDEN NAME <i>Berhorst, Theresa</i>				14. NAME OF HUSBAND OR WIFE <i>Charles Crader</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Medical Records Columbia Mo</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>cardiac failure</i>										INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Rheumatic Heart Disease</i>													
DUE TO (c) <i>Chronic Pyelonephritis</i>													
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 s.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 <i>545 1/1/61</i> to <i>1/21/61</i> and last saw her/him alive on <i>1/21/61</i> Death occurred at <i>545 1/1/61</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Robert August M.D.</i>				22b. ADDRESS <i>6 West Dr. Columbia Mo.</i>				22c. DATE SIGNED <i>1/21/61</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>			23b. DATE <i>1-24-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cem</i>			23d. LOCATION (City, town, or County) (State) <i>Jefferson City Mo.</i>					
24. FUNERAL DIRECTOR ADDRESS <i>Quelle Funeral Home, Jefferson City Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Jan 21 1961</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>							

VS FEB 2 1961

AUG 28 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard F. Russell

Licensed Embalmer No. 3703

P. O. Address Jefferson City

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.