MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000721

STATE FILE NUMBER

AMENDED

FILED VS FEB 14 1961

Registration District No. 1968 4 Primary Registration District No. 3017 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2401 E. Walnut
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: EDNA Middle: T. Last: HARRIS

4. DATE OF DEATH Month: Feb. Day: 5. Year: 1961

5. SEX: FEMALE

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 11/14/1875

9. AGE (last birthday): 85

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): House Keeping

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (City and state or country): Callaway Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Beaven

13b. MOTHER'S MAIDEN NAME: Frances Miller

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.: ?

17. INFORMANT: Clinton Harris Address: New Franklin. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) STARVATION (VOLUNTARY, ONE MONTH)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA PRIMARY IN RIGHT KIDNEY OR LOCAL RECURRENCE

DUE TO (c) SECONDARY TO CARCINOMA OF ASCENDING COLON, REMOVED MAY 1955.

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)
NONE

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 JULY 15, 1960, to FEB. 5, 1961 and last saw her/him alive on FEB. 5, -61

Death occurred at 3 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] M.D. (Degree or title)

22b. ADDRESS Boonville, Mo.

22c. DATE SIGNED 2/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: Feb. 7, 1961

23c. NAME OF CEMETERY OR CREMATORY: Riverview

23d. LOCATION (City, town, or county) (State): Tebbetts Mo.

24. FUNERAL DIRECTOR ADDRESS: MAUPIN FUNERAL HOME FULTON, MO

25. DATE RECD. BY LOCAL REG.: 2/7/61

26. REGISTRAR'S SIGNATURE: B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Gene C. Mangin

Licensed Embalmer No. 5092

P. O. Address Fulton, Mo.

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.