

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-012594
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 2006 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>PETTIS</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>		Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>SEDALIA</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) (MO.) HOSPITAL OR INSTITUTION <u>UN. V. MED. CENTER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>43 WOODYS TRAILER CT.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ALONZO</u> Middle <u>GLOVER</u> Last <u>LACK</u>			4. DATE OF DEATH Month <u>APR</u> Day <u>15</u> Year <u>1961</u>			
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>4-22-12</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>OSCEOLA, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William A. Lack</u>		13b. MOTHER'S MAIDEN NAME <u>MAUD HANNA</u>		14. NAME OF HUSBAND OR WIFE <u>MAUD H. LACK</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. INFORMANT U.M.M.C. 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) Aspiration of vomitus INTERVAL BETWEEN ONSET AND DEATH 1 HR.

DUE TO (b) Uremia 4 WKS.

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

DUE TO (c) Obstructing stricture of urethra 20 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhagic gastritis

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 10:30 AM Month, Day, Year 4/15/61

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 COLUMBIA COUNTY BOONE STATE MO

21. I attended the deceased from 4/15/61 to 4/15/61 and last saw her alive on 4/15/61
Death occurred at 10:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Bugant, M.D. 22b. ADDRESS 6 West Dr., Columbia, Mo. 22c. DATE SIGNED 4/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr. 15 1961 23c. NAME OF CEMETERY OR CREMATORY Osceola 23d. LOCATION (City, town, or county) (State) Mo

24. FUNERAL DIRECTOR R Parker Funeral Service ADDRESS Columbia, Mo. 25. DATE RECD. BY LOCAL REG. April 15 1961 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

MAY 2 1961

MAY 10 1961

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

JW Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus, 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.