

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016508

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38

5120

344

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 9 Months	c. CITY OR TOWN Lilbourne Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 63 South Columbia Tp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle CARL Last TOPE			4. DATE OF DEATH Month May Day 31 Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1942	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) University of Mo. Student	10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City and state or country) Cairo, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William C. Tope	13b. MOTHER'S MAIDEN NAME Marguerite Miller	14. NAME OF HUSBAND OR WIFE _____
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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) No	17. INFORMANT Address William C. Tope, Lilbourne, Mo.
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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: IMMEDIATE CAUSE (a) Extreme injuries of head, neck and left lower extremities		INTERVAL BETWEEN ONSET AND DEATH few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) 2-car accident on Highway 63 South of Columbia, Mo - Columbia township
20c. TIME OF INJURY Hour 11:30 p.m. Month, Day, Year 5 31 61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Crownier's Case
		20f. CITY, TOWN, OR LOCATION COUNTY STATE Columbia, Mo - Boone Missouri

21. I attended the deceased from **Crownier's Case** and last saw her/him alive on _____
Death occurred at **11:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E Johnson M.D.	(Degree or title)	22b. ADDRESS Columbia, Mo	22c. DATE SIGNED 5-31-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 3, 1961	23c. NAME OF CEMETERY OR CREMATORY Mound Park Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Harper's Funeral Service Columbia Mo.	25. DATE RECD. BY LOCAL REG. June 1, 1961	26. REGISTRAR'S SIGNATURE Mrs. B. E. Palmer
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 9 NDC

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 J. W. Phillips

Licensed Embalmer No. 4877

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.