

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024032
STATE FILE NUMBER

AMENDED

Filed for District No. 38 Primary Registration District No. 3006 Registrar's No. 435

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 2 days	c. CITY OR TOWN Cole Camp
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. MEDICAL CENTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) UNIVERSITY OF MO. MEDICAL RECORDS
3. NAME OF DECEASED (Type or print) First Lena Middle Imbusch Last Imbusch		4. DATE OF DEATH Month 7 Day 11 Year 61	
5. SEX FEMALE	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 2-4-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 82.
11a. FATHER'S NAME HERMAN Ehlers		11b. MOTHER'S MAIDEN NAME SENA Brockman	11. BIRTHPLACE (City and state or country) Cole Camp Mo U.S.A.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		16. INFORMANT Address UNIVERSITY OF MO. MEDICAL RECORDS	
IMMEDIATE CAUSE (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Arterio-sclerotic heart disease			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ketosis and anemia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 July 9, 1961 to July 11, 1961 and last saw her alive on July 10, 1961 . Death occurred at 2:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. MacLainhoff M.D. (Degree or title)		22b. ADDRESS Univ of Mo. Med. Center	22c. DATE SIGNED 7-11-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-61	23c. NAME OF CEMETERY OR CREMATORY Bahre Prairie Cemetery	23d. LOCATION (City, town, or county) (State) Benton County Mo.
24. FUNERAL DIRECTOR ADDRESS Servier-Stanislas Versailles Mo.		25. DATE RECD. BY LOCAL REG. July 11 1961	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

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

John R. Simon

Licensed Embalmer No. 4880

P. O. Address Verona, N.J.

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.