

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-028374
STATE FILE NUMBER

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **526**

AMENDED

FILED AUG 28 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Boone		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		a. STATE Missouri		b. COUNTY Pemiscot	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital		Length of stay in lb 23 days		c. CITY OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS Rt. #1 Box 406		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First Henrietta		Middle		Last Moore		Month August	
Day 24		Year 1961		IF UNDER 1 YEAR		IF UNDER 24 HR	
Months		Days		Hours		Min.	
6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		8. DATE OF BIRTH 11-5-05		9. AGE (last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY American	
13a. FATHER'S NAME Walter Barrett		13b. MOTHER'S MAIDEN NAME Sarah Barrett		14. NAME OF HUSBAND OR WIFE Separated			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Hospital Records-Columbia, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) CANCER of Uterine CERVIX						18 months	
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	
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 a.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 November 14 1960 , to August 24, 1961 and last saw her Aug 24 1961 and last saw him Aug 24 1961 Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Alden Michener Cozart md				22b. ADDRESS Ellis Fischel Hospital		22c. DATE SIGNED 8-24-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-27-1961		23c. NAME OF CEMETERY OR CREMATORY Hayti Cemetery		23d. LOCATION (City, town, or county) (State) Hayti, Mo.	
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle, Columbia, Missouri				25. DATE RECD. BY LOCAL REG. Aug 24 1961		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.