

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035871
STATE FILE NUMBER

38 Primary Registration District No. 3006 Registrar's No. 678

AMENDED

Registration District No. **FILED NOV 13 1961**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemissot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Caruthersville	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. of Mo. Medical Center		d. STREET ADDRESS (If outside, give location) 310 West 16th Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Doris Middle Elaine Last Hatley			4. DATE OF DEATH Month Nov. Day 6 Year 1961		
5. SEX Female	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 8-16-61	9. AGE (last birthday) 2 Months 31 Days	IF UNDER 1 YEAR IF UNDER 24 HR Hours 31 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Minor		11. BIRTHPLACE (City and state or country) Caruthersville, Mo.	
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME Billy Hatley		13b. MOTHER'S MAIDEN NAME Dorothy Middleton	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT Pl's Chart - Univ. of Mo. Med. Center - Columbia, Mo.		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) Asphyxia & Peritonitis		DUE TO (b) Hemothorax & Compression Atelectasis	
DUE TO (c) Reformation of Uiscus		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Malnutrition, Severe Dehydration	
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 checked="" type="checkbox"/> NO <input 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 8 a.m. Month, Day, Year 11/6/61		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 Caruthersville COUNTY STATE	
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21. I attended the deceased from **11/1/61** to **11/6/61** and last saw her/him alive on **11/6/61 at 7:30 pm**
Death occurred at **8 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Joel Harris M.D. University Hospital		22b. ADDRESS Caruthersville, Mo		22c. DATE SIGNED 11/6/61	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-9-61		23c. NAME OF CEMETERY OR CREMATORY Smith		23d. LOCATION (City, town, or county) (State) Caruthersville, Mo	
24. FUNERAL DIRECTOR Lynn Spunkle, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Nov 8, 1961		26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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. Leves

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.