

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040097

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38 Primary Registration District No. 3006 Registrar's No. 711

STATE FILE NUMBER

AMENDED

Registration District No. **FILED DEC 4 1961**

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Length of stay in 1b <i>1 day</i>	c. CITY OR TOWN <i>Jefferson City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>University of Missouri Medical Center</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>St. Joseph Rest Home</i>
3. NAME OF DECEASED (Type or print) First <i>Effie</i> Middle <i>LARKINS</i> Last <i>Decker</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>26</i> Year <i>1961</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-4-1877</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	9. AGE (last birthday) <i>84</i>
11. BIRTHPLACE (City and state or country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>DALLAS LARK</i>		13b. MOTHER'S MAIDEN NAME <i>Charles</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Medical Records</i> Address <i>Univ. of Mo. Medical Center</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock</i> DUE TO (b) <i>EMBOLISM OF BIFURCATION OF AORTA</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ 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 <i>11-26-61</i> to <i>11-26-61</i> and last saw ^{her} / _{him} alive on <i>11-26-61</i> Death occurred at <i>9:05 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Marion S. Fisher M.D.</i>		22b. ADDRESS <i>21 West Drive, Columbia</i>	22c. DATE SIGNED <i>11-27-61</i>
23a. BURIAL (CREMATION, REMOVAL) (Specify) <i>Burial</i>	23b. DATE <i>Nov. 29, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Riverview</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson City, Missouri</i>
24. FUNERAL DIRECTOR <i>Robert N. King</i>		25. DATE RECD. BY LOCAL REG. <i>Nov 28 1961</i>	26. REGISTRAR'S SIGNATURE <i>Mar R E Palmer</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

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 *Orme Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Me

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.