

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000272

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

FILED JAN 29 1962

Primary Registration District No. 3003

Registrar's No.

44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Pemisscott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 2 days	c. CITY OR TOWN CARUTHERSVILLE
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) 1002 JEFFERSON
3. NAME OF DECEASED (Type or print) First Rosalee Middle PERKINS Last PERKINS		4. DATE OF DEATH Month 1 Day 22 Year 62	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 54
13a. FATHER'S NAME Joseph Rynes		13b. MOTHER'S MAIDEN NAME NORA GRAVES	11. BIRTHPLACE (City and state or country) MO.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		17. INFORMANT University of Mo. Medical Records	12. CITIZEN OF WHAT COUNTRY U.S.A.
14. NAME OF HUSBAND OR WIFE Joseph Perkins Rynes		14. NAME OF HUSBAND OR WIFE Joseph Perkins Rynes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE		INTERVAL BETWEEN ONSET AND DEATH 10 min	
DUE TO (b) UNKNOWN CAUSE			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post operative strangulated umbilical hernia & perforated small bowel		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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 1-21-62 to 1-22-62 and last saw her <input type="checkbox"/> alive on 1-22-62			
Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Peter Ekern, M.D. (Degree or title)		22b. ADDRESS Univ. of Mo. Med. Ctr., Columbia	22c. DATE SIGNED 1-22-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-25-1962	23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Caruthersville, Mo.	
24. FUNERAL DIRECTOR Sydney Spurdle, Columbia, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Jan 22-62	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 1962

APR 17 1962

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

- 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.