MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-000284
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 12

AMENDED

FILED JAN 15 1962

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: New Madrid
c. CITY OR TOWN: New Madrid
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): NONE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louis Middle: WATSON Last: Short
4. DATE OF DEATH: Month 1 Day 3 Year 62
5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5-16-02
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): New Madrid, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Louis Short
13b. MOTHER'S MAIDEN NAME: Mable Cravens
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)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Medical Records Address: University Hospital, Columbia, Mo

MEDICAL CERTIFICATION

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)	RESPIRATORY ALKALOSIS	1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HEPATIC COMA	3 DAYS
DUE TO (c)	NUTRITIONAL CIRRHOSIS	5 YRS

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 DEC. 31, 1961 to JAN. 3, 1962 and last saw ~~her~~ him alive on JAN. 3, 1962
Death occurred at 2:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert W. Moellenkoff M.D. (Degree or Title)
22b. ADDRESS: Univ. of Mo. Med. Center Columbia
22c. DATE SIGNED: Jan. 4, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-8-1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Evergreen
23d. LOCATION (City, town, or county) (State): New Madrid, Mo.

24. FUNERAL DIRECTOR: Lyman Funeral ADDRESS: Columbia, Mo
25. DATE RECD. BY LOCAL REG.: Jan 6, 1962
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 G. 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.