MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005535
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 132

FILED MAR 5 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: 28 da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: UMMC
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Crown Hotel
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Max Middle: Rosenbaum Last:
4. DATE OF DEATH: Month 2 Day 25 Year 62
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 9-22-05
9. AGE (last birthday): 56
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): Railroad worker
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pacific R.R.
11. BIRTHPLACE (City and state or country): GERMANY
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Rosenbaum, Levi
13b. MOTHER'S MAIDEN NAME: Fischel, Genny
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):
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Hospital Record UMMC Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Overwhelming Infection — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Vascular Occlusive Disease — 3 mos
DUE TO (c): Diabetes Mellitus — 18 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post operative A-K Amputation
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 1-28-62, to 2-25-62 and last saw ~~her~~ him alive on 2-25-62
Death occurred at 8:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): W. Peter Ekern, M.D.
22b. ADDRESS: Univ. Hosp, Columbia
22c. DATE SIGNED: 2-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-1-1962
23c. NAME OF CEMETERY OR CREMATORY: Columbia Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Mo.
24. FUNERAL DIRECTOR: Lyman Sprinkles ADDRESS: Columbia, Mo
25. DATE RECD. BY LOCAL REG.: Mar. 1, 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

APR 3 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_____ Signed Lyman H. Sprinkle

Signature of Student Embalmer

Licensed Embalmer No. 4013

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.