

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962

-62-009895

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 155

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6109
20109
3
4 1
5 0
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7 0
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9761.0
10
11
122-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Missouri		Length of stay in 1b 2 hr 40 min	c. CITY OR TOWN Columbia Missouri
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Columbia Missouri
3. NAME OF DECEASED (Type or print) First Baby Girl Middle Pearson Last Pearson		4. DATE OF DEATH Month 3 Day 11 Year 1962	
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 3-10-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Columbia Missouri
13a. FATHER'S NAME Donald Pearson		13b. MOTHER'S MAIDEN NAME Janice Cully	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 Patients Chart
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis due to Aspiration of Amniotic Fluid DUE TO (b) (Premature Separation of Placenta) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2hr 40min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Absence of Abdominal Muscles			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 _____ Month, Day, Year _____ a.m. p.m.		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 3/10/62 to 3/11/62 and last saw her ^{him} alive on 3/11/62 Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward J. Washington M.D.		22b. ADDRESS Columbia, Mo	
22c. DATE SIGNED 3/11/62		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/12/1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM	23d. LOCATION (City, town, or county) COLUMBIA, MO
24. FUNERAL DIRECTOR PARKER'S FUNERAL SERVICE, MO		ADDRESS Columbia	25. DATE RECD. BY LOCAL REG. Mar 12, 1962
26. REGISTRAR'S SIGNATURE Miss R.E. Palmer			

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

J W Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus, 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.