MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021935
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 328

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in Ib: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Univ. of Mo. Medical Center
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cooper
c. CITY OR TOWN: California
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt #2
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: NORMA Middle: Julious Last: MACE

4. DATE OF DEATH: Month: June Day: 10 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-5-38
9. AGE (last birthday): 24
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Albert Julious
13b. MOTHER'S MAIDEN NAME: Sylvie Baker
14. NAME OF HUSBAND ~~OR WIFE~~: John W. MACE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Univ. of Mo. Med. Rec. Address: 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 INSUFFICIENCY	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PYO-HEMOTHORAX	3 days
DUE TO (c)	PNEUMONIA	7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ACUTE MYELOGENOUS LEUKEMIA

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 5-21-62, to 6-10-62 and last saw her/him alive on 6-9-62
Death occurred at 6:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin D. Parker MD
22b. ADDRESS: UMMC, Columbia, Mo
22c. DATE SIGNED: 6-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-13-1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Duck Creek
23d. LOCATION (City, town, or county) (State): Paxma Mo.

24. FUNERAL DIRECTOR: Lyman Brunk ADDRESS: Columbia Mo
25. DATE RECD. BY LOCAL REG.: June 11 1962
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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.