

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029995

STATE FILE NUMBER

38 Primary Registration District No. 8006 Registrar's No. 487

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **FILED SEP 1 1962**

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH: a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Moberly	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. of Mo. Medical Center		d. STREET ADDRESS (If outside, give location) 301 Collins Ave	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edward ALAN Aleshire			4. DATE OF DEATH Month Day Year 8 25 62
5. SEX MALE	6. COLOR OR RACE CAU	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 10 IF UNDER 1 YEAR Months Days 10 30 IF UNDER 24 HR Hours Min.
13a. FATHER'S NAME Paul Aleshire		13b. MOTHER'S MAIDEN NAME Lorene Kirkendall	11. BIRTHPLACE (City and state or country) Moberly Mo.
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	12. CITIZEN OF WHAT COUNTRY U.S.A.
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 center depression			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) Respiratory center Immaturity			8 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 a.m. 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 8/25/62 8:30pm to 8/25/62 10:45pm and last saw her/him alive on 8/25/62 Death occurred at 10:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert J. Hanis MD		22b. ADDRESS University Hospital Columbia Mo.	22c. DATE SIGNED 8/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8/27/1962	23c. NAME OF CEMETERY OR CREMATORY Waver Cemetery	23d. LOCATION (City, town, or county) Moberly, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Cater Funeral Home Moberly, Mo.		25. DATE RECD. BY LOCAL REG. Aug 26 1962	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

USE BLACK INK OR TYPEWRITER RIBBON

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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Woburn, MA.

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.