

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033669
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 557

FILED OCT 8 1962

VS 300
Rev. 4/59

1 0109
2 20270

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4 2
5 0

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7 0
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9 9446X

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12 2-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

10-19-62

INSTEAD OF

9 46

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>today</u>	c. CITY OR TOWN <u>Burceton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Box 104</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harold Nelson Fields</u>			4. DATE OF DEATH Month Day Year <u>9 28 62</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-25-16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>YARD BOY</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>46 5/16</u>
11. BIRTHPLACE (City and state or country) <u>Burceton, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HARRY Fields</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Medical Records University Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Arteriolar Nephrosclerosis</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u>			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 checked="" type="checkbox"/> NO <input 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 <u>9/17/62</u> to <u>9/28/62</u> and last saw him alive on <u>9/28/62</u> . Death occurred at <u>4:30</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh B. Higginbotham M.D.</u>		22b. ADDRESS <u>95 Center Dr. Columbia, Mo.</u>	22c. DATE SIGNED <u>9/29/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-1-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graves Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
24. FUNERAL DIRECTOR <u>Ignacio Spenckle Columbia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 29, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 9 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 _____
Signature of Student Embalmer

Signed *Lyman Spunkle*

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.

THIS CERTIFICATE CONTAINS NEITHER RECOMMENDATIONS NOR WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED, BY THE ISSUING OFFICE.