

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037665

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 632

FILED NOV 13 1962

VS 300
Rev. 4/59

1	0109
2	0109
3	2
4	3
5	2
6	
7	0
8	2
9	155.1
10	
11	
12	90-0
13	3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>5 months</u>	c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>301 Fisher Walkway</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>301 Fisher Walkway</u>	
3. NAME OF DECEASED (Type or print) First <u>BELLE</u> Middle <u>C.</u> Last <u>WARREN</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>7</u> Year <u>1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 20 - 1879</u>	9. AGE (last birthday) <u>83 yr.</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jackman with no.</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Phillip Hucks</u>		13b. MOTHER'S MAIDEN NAME <u>Harrist</u>		14. NAME OF HUSBAND OR WIFE <u>S. S. Warren</u>	
15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. A. Spray Packer</u> <u>Hannibal, Mo.</u>		
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>Mucinous adenocarcinoma of Gall Bladder</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Emphysema</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u></u> a.m. <u></u> p.m. <u></u>	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>11 Feb 57</u> to <u>present</u> and last saw her/him live on <u>18 Oct 62</u> Death occurred at <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. Roy Miller M.D.</u>			22b. ADDRESS <u>Columbia Mo</u>		22c. DATE SIGNED <u>9 Nov 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 11, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boone Co. Logansport, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov 9 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

NOV 15 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 George R. Trammell

Licensed Embalmer No. 4425

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.