

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041626

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 651

FILED NOV 26 1962

VS 300
Rev. 4/59

1 0109

2 0280

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9 754.0

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12 2.0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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>CRAWFORD</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>COLUMBIA</u>		Length of stay in 1b <u>5 DAYS</u>		c. CITY OR TOWN <u>STEELEVILLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MISSOURI MEDICAL CENTER</u>			d. STREET ADDRESS (If outside, give location) <u>GEN. DEL.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>JAMES</u> Last <u>ROMINE</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>19</u> Year <u>1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>JUNE 19, 1947</u>	9. AGE (last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>ERVIN W. ROMINE</u>			
13b. MOTHER'S MAIDEN NAME <u>CORINE CAMPBELL</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>UNIVERSITY OF MISSOURI MEDICAL RECORDS</u> Address <u>COLUMBIA, 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>Ventricular fibrillation</u> DUE TO (b) <u>Congenital Heart Disease</u> DUE TO (c) <u>Tetralogy of Fallot</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 <u> </u> a.m. <u> </u> 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 <u>STEELEVILLE</u> COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>Nov 14, 1962</u> to <u>Nov 14, 1962</u> and last saw him alive on <u>Nov. 14-1962</u> Death occurred at <u>3:47 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE <u>Dr. M. H. McNeill M.D.</u> (Degree or title)			22b. ADDRESS <u>U. M. M. C. - Columbia</u>		22c. DATE SIGNED <u>11-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>Nov. 19, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Steeleville, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>STEELEVILLE</u> <u>MO.</u>	
24. FUNERAL DIRECTOR <u>Parber Funeral Service, Columbia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov 19, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

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 Donald L Roberts

Licensed Embalmer No. 4722
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.