

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045878

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 704

STATE FILE NUMBER

FILED DEC 18 1962

VS 300  
Rev. 4/59

0109  
20640

3  
4 0  
5 1  
6  
7 1  
8 2  
9 160  
10 16  
11 64  
12 2-0  
13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MISSOURI UNIVERSITY MEDICAL CENTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u> c. CITY OR TOWN <u>PALMYRA</u> d. STREET ADDRESS (If outside, give location) <u>RT. 1.</u>	
3. NAME OF DECEASED (Type or print) First <u>HAROLD</u> Middle <u>LEONARD</u> Last <u>CATES</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>13<sup>th</sup></u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATT. IMPERIAL OIL Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SERVICE STA</u>	11. BIRTHPLACE (City and state or country) <u>SHIRLEY ARK</u>
13a. FATHER'S NAME <u>BEN CATES</u>		13b. MOTHER'S MAIDEN NAME <u>BESSIE GOLDMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Mo. U. MED. CENTER HOSP. RECORDS.</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>95 2<sup>nd</sup> 243<sup>rd</sup> RD degree burns</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>8</u> Month, Day, Year <u>12 8 62</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Lighting stove &amp; kerosene</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21. I attended the deceased from <u>12/8/62</u> to <u>12/13/62</u> and last saw her/him live on <u>12/13/62</u> Death occurred at <u>7:55</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <u>Palmyra</u>	
22a. SIGNATURE (Degree or title) <u>Richard R. [Signature]</u>		22b. ADDRESS <u>Columbia, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-16-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>P.D. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clinton, Ark.</u>	
24. FUNERAL DIRECTOR <u>Lynnan Spruill, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 14 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Max R.E. Palmer</u>			

JAN 4 1963

JAN 9 1963

JAN 4 1963

MAY 8 1963

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 David Duff, Student Embalmer No. 680

working under my personal supervision.

Student David Duff  
Signature of Student Embalmer

Signed Richard G. Leaver

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.