

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000288

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 79

FILED FEB 4 1963

VS 300
Rev. 4/59

6109
20109

3
4 0
5 0
6
7 0
8 0
99153
10 5
11 118
12 91-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Columbia Ice and Storage Plant</u>		d. STREET ADDRESS (If outside, give location) <u>418 E. Broadway</u>	
3. NAME OF DECEASED (Type or print) First <u>Joe</u> Middle <u>E.</u> Last <u>Pummill</u>		4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>3/5/1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Plant</u>	11. BIRTHPLACE (City and state or country) <u>Fair Play Mo</u>
13a. FATHER'S NAME <u>Fairy Pummill</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Inez Smith Columbia, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) <u>yes Korean War</u>		17. INFORMANT <u>Mrs. Inez Smith Columbia, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe chemical burns of entire body (ammonia)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Few seconds</u>	
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 checked="" 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.) <u>Explosion of compressor tank Columbia Ice and Storage Plant Columbia, Mo.</u>	
20c. TIME OF INJURY Hour <u>7:40</u> s.m. <u>2-1-63</u>		20f. CITY, TOWN, OR LOCATION <u>Columbia Boone Mo</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Coroner's case</u>	
21. I attended the deceased from Death occurred at <u>7:40 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2-1-63</u>	
22a. SIGNATURE <u>Richard E. Johnson, M.D.</u>		22b. ADDRESS <u>Columbia, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/3/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Polk County Missouri</u>
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 1 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 13 1963

FEB 27 1963

APR 23 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Richard A. Leever

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.