MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010384

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 230

FILED MAR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0109
2	0420
3	1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 29 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University of Missouri Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR #5 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ernest Middle: Hadley Last: Eli
4. DATE OF DEATH: Month: March Day: 23 Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/2/11
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lucas, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Eli
13b. MOTHER'S MAIDEN NAME: Jesse Oliphant
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates [redacted]
16. SOCIAL SECURITY NO.: [redacted]44
17. INFORMANT: University of Mo. Medical Records — Address: Columbia, Mo

18. CAUSE OF DEATH (Enter only one cause p[redacted]
PART I. DEATH WAS CAUSED [redacted]
IMMEDIATE CAUSE (a): Cardio vascular collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pathological fracture of cervical & dorsal spine
DUE TO (c): Adenocarcinoma
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: ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5/MAR/63 to 23/MAR 63 and last saw her/him alive on 23/MAR/63
Death occurred at 2:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: University Hosp. Columbia
22c. DATE SIGNED: 24 Mar 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-25-63
23c. NAME OF CEMETERY OR CREMATORY: Englewood
23d. LOCATION (City, town, or county) (State): Clinton, Mo.

24. FUNERAL DIRECTOR: Counsellors — ADDRESS: Clinton, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 24, 1963
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 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 Eugene R. Connaher

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.