

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010411

STATE FILE NUMBER

Registered District No. 38 Primary Registration District No. 3006 Registrar's No. 270

|  |                                      |  |   |   |   |   |
|--|--------------------------------------|--|---|---|---|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Boone</u><br>b. CITY OR TOWN <u>Columbia</u> Length of stay in 1b <u>3 days</u><br>c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                      | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u><br>c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS <u>400 N Roberts</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |   |   |
| <b>3. NAME OF DECEASED</b> (Type or print) First <u>Emma</u> Middle <u>J</u> Last <u>Meyer</u>   |                                      | <b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>11</u> Year <u>1963</u>  |   |   |   |   |
| <b>5. SEX</b> <u>FEMALE</u>  | <b>6. COLOR OR RACE</b> <u>WHITE</u> | <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | <b>8. DATE OF BIRTH</b> <u>12-11-86</u>                       | <b>9. AGE</b> (last birth day) <u>76</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____                              | IF UNDER 24 HR<br>Hours _____ Min. _____      |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life; even if retired) <u>At Home</u>  |                                      | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Cooper Co, Mo</u>  |   | <b>11. BIRTHPLACE</b> (City and state or country) <u>USA</u>  |   | <b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u> |
| <b>13a. FATHER'S NAME</b> <u>John Kruse</u>  |                                      |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Clara Falk</u>            |   | <b>14. NAME OF HUSBAND OR WIFE</b> _____                                |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of) _____  |                                      |  | <b>16. SOCIAL SECURITY NO.</b> _____                          |   | <b>17. INFORMANT</b> <u>Mr Ernest Meyer</u> Address <u>Boonville Mo</u> |   |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause of death)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Generalized Peritonitis</u><br>DUE TO (b) <u>Rupture of Colon during Barium Exam</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General Debility &amp; Secondary Anemia</u><br>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 |                                      |  |   |   |   |   |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                      | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>   |   | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____ |   |   |
| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____   |                                      | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |   |   |   |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |                                      | <b>20f. CITY, TOWN, OR LOCATION</b> _____  |   | <b>COUNTY</b> _____ <b>STATE</b> _____  |   |   |
| <b>21. I attended the deceased from</b> <u>April 10 - 63</u> to <u>April 11 - 63</u> and last saw her alive on <u>April 10 - 63</u><br>Death occurred at <u>2:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                      |  |   |   |   |   |
| <b>22a. SIGNATURE</b> (Degree or title) <u>Horace E. Thomas, M.D.</u>  |                                      |  | <b>22b. ADDRESS</b> <u>Columbia, Missouri</u>                 |   | <b>22c. DATE SIGNED</b> <u>April 11, 1963</u>                           |   |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>  |                                      | <b>23b. DATE</b> <u>4/11/63</u>  | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Grove</u> |   | <b>23d. LOCATION</b> (City, town, or county) <u>Boonville, Missouri</u> |   |
| <b>24. FUNERAL DIRECTOR</b> <u>Goodman &amp; Burke</u> ADDRESS <u>Boonville, Mo</u>  |                                      |  | <b>25. DATE RECD. BY LOCAL REG.</b> <u>April 11, 1963</u>     |   | <b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs R.E. Palmer</u>                 |   |

DO NOT WRITE ON THIS STUB  
 AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.  
 USE BLACK INK OR TYPEWRITER RIBBON

JUN 14 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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.