MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023230

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 422

FILED JUN 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0109
2 0590
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4 1
5 2
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9 154X
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12 3-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 lb: 7 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ellis Fischel State Cancer Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Utica — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): P. O. BOX 43 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ZOOLAser, Middle: BELLE, Last: ROMEISER

4. DATE OF DEATH: Month: June, Day: 17, Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: May 12, '94

9. AGE (last birthday): 69 — 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (City and state or country): Utica, Missouri

12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: Adelbert Collar

13b. MOTHER'S MAIDEN NAME: Mary Ann Culling

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates o[redacted]

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MYOCARDIAL INFARCTION	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	URETERAL OBSTRUCTION	1 wk
DUE TO (c)	CARCINOMA OF RECTUM	1 YR.

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 6/10/63 to 6/17/63 and last saw her/him alive on 6/17/63

Death occurred at 3:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Salm B Cook M.D.

22b. ADDRESS: Ellis Fischel Cancer Hospital

22c. DATE SIGNED: 6/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify): June 17 1963 Removal

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY: Utica Cem.

23d. LOCATION (City, town, or county): Utica (State) Mo

24. FUNERAL DIRECTOR — ADDRESS: Parpers Funeral Service Columbia Mo.

25. DATE RECD. BY LOCAL REG.: June 17 '63

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 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 George A. Kerfey

Licensed Embalmer No. 4752

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.