

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031267

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

591

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 3 1963

| | | | |
|--|---|--|---|
| 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>Brookfield, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Mo med. Center</u> | | d. STREET ADDRESS (If outside, give location) <u>416 Elliot St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Della</u> Middle <u>Jackson</u> Last <u>Burns</u> | | 4. DATE OF DEATH Month <u>8</u> Day <u>27</u> Year <u>63</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-26-89</u> 9. AGE (last birthday) <u>73</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Arthur Jackson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda</u> | |
| 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 of service) | |
| 16. SOCIAL SECURITY NO. <u>University of Mo. Med. Record</u> | | 17. INFORMANT <u>University of Mo. Med. Record</u> Address <u>Columbia, Missouri</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>CARDIAC ARREST</u> DUE TO (b) <u>BLEEDING ESOPHAGEAL VARICES</u> DUE TO (c) <u>CIRRHOSIS OF THE LIVER</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA OF THE BREAST</u> | | | |
| 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 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour <u>3:28</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>Aug 27 1963</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.) | | 20f. CITY, TOWN, OR LOCATION <u>Brookfield</u> COUNTY <u>Mo</u> STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>Aug 18th 1963</u> to <u>Aug 27th 1963</u> and last saw her alive on <u>8.27.63</u> Death occurred at <u>3:28</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) <u>Emmanuel Singer, M.D.</u> | | 22b. ADDRESS <u>Univ Mo Med Center</u> | |
| 22c. DATE SIGNED <u>8/27/63</u> | | 22d. LOCATION (City, town, or county) <u>Brookfield Mo</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>8-28-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St Michael Cem</u> | 23d. LOCATION (City, town, or county) <u>Brookfield Mo</u> |
| 24. FUNERAL DIRECTOR <u>Wright Funeral Home</u> ADDRESS <u>Brookfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug 28 1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> | | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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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

Donald L. Roberts

Licensed Embalmer No.

4722

P. O. Address

Columbus, 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.