

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-022721

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 24 1965

1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN COLUMBIA

Length of stay in 1b
8 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 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 MORGAN

c. CITY
OR
TOWN STOVER

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS ROUTE 2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
RUTH

Middle

Last
MARRIOTT

4. DATE
OF
DEATH

Month . Day Year
JUNE 22 1965

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

08-24-84

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days 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

11. BIRTHPLACE (City and state or country)

CHARITON Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

MIKE SMITH

13b. MOTHER'S MAIDEN NAME

ANNIE HIBER

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.
NONE

17. INFORMANT
Address
UNIVERSITY OF MISSOURI MEDICAL
CENTER RECORDS

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic coma

INTERVAL BETWEEN
ONSET AND DEATH

6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Viral hepatitis

20+ days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

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 6/14/65 to 6/22/65 and last saw him alive on 6/22/65
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Mary McCaffrey MD, Univ of Mo Med Ctr

6/22/65

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mo

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Schirmer-Stevenson, Stover June 22 1965 Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 0109

2 0710

3

4

5

6

7

8

9 092X

10

11

12 2-0

13 3-0

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. 2014.7.10

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4073

P. O. Address St Louis 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.