

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 47a

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Unknown</u>					2. <u>Male</u>	3. <u>June 13, 1971</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>Negro</u>		5a.	5b.	5c.	6. <u>Boone</u>		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. <u>Columbia</u>		7c. <u>Yes</u>		7d. <u>DOA Memorial Funeral Home</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Missouri</u>		9. <u>Yes</u>		10. <u>Never Married</u>		11. <u>None</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>None</u>		13a. <u>None</u>		13b. <u>None</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. <u>Missouri</u>		14b. <u>Boone</u>	14c. <u>Columbia</u>		14d. <u>None</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>None</u>					16. <u>None</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>None</u>				17b. <u>None</u>			

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.9999
PARENTS

PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE					
(a) <u>Accidental Drowning in C</u>				<u>Few min.</u>	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <u>None</u>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <u>None</u>					

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19. <u>None</u>		20. <u>Yes</u>		21. <u>Yes</u>	

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
22a. <u>Accident</u>	22b. <u>June 1971</u>	22c. <u>Unknown</u>	22d. <u>Under investigation</u>	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
23a. <u>No</u>	23b. <u>River</u>	23c. <u>Unknown—Missouri River</u>	23d. <u>None</u>	
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
24a. <u>None</u>	24b. <u>None</u>	24c. <u>None</u>	24d. <u>None</u>	24e. <u>None</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEDENT WAS PRONOUNCED DEAD		
25a. <u>None</u>		25b. <u>None</u>		

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
26a. <u>RE JOHNSON MD</u>	26b. <u>RE JOHNSON MD</u>	26c. <u>MD</u>	26d. <u>6-14-71</u>
MAILING ADDRESS—CERTIFIER	CITY OR TOWN	STATE	ZIP
27a. <u>129 LINDELL DRIVE</u>	27b. <u>Columbia</u>	27c. <u>Mo</u>	27d. <u>65201</u>

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	ZIP
28a. <u>Burial</u>	28b. <u>Calvary Cemetery</u>	28c. <u>Columbia, Missouri</u>	28d. <u>Columbia, Mo.</u>	28e. <u>65201</u>	28f. <u>65201</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	DATE RECEIVED BY LOCAL REGISTRAR			
29a. <u>June 14, 1971</u>	29b. <u>Memorial Funeral Home</u>	29c. <u>June 14, 1971</u>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE				
30a. <u>Brian Akers</u>	30b. <u>MD RE Palmer</u>				

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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 Brian Akers

Licensed Embalmer No. 5576

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.