

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20037

STATE FILE NUMBER

FILED JUL 1 1957

37780-57

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 239

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|---|------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>BOONE</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>FULTON</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U. of Mo. Med Center</u> | | | Length of stay in 1b <u>15 DAYS</u> | d. STREET ADDRESS (If outside, give location) <u>GEN. DELIVERY</u> | |
| 3. NAME OF DECEASED (Type or print) <u>TERRY WAYNE DE BROOGE</u> | | | 4. DATE OF DEATH Month <u>JUNE</u> Day <u>27</u> Year <u>1957</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-12-57</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>15</u> Days <u>15</u> Hours <u>15</u> Min. <u>15</u> IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>FULTON, MISSOURI</u> | |
| 13. FATHER'S NAME <u>KARL W. DE BROOGE</u> | | | 14. MOTHER'S MAIDEN NAME <u>Shirley Hatan</u> | | |
| 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. | | 17. INFORMANT <u>Hosp. Records</u> Address | |
| 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>Prematurity with sept. pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>and probable aspiration pneumonia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>6/12/57</u> to <u>6/27/57</u> and last saw <u>her</u> alive on <u>6/27/57</u> Death occurred at <u>5:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Helen M. Waiches M.D.</u> | | | 22b. ADDRESS <u>U. of Mo; Dept of Ped; Columbia Missouri</u> | | 22c. DATE SIGNED <u>6/27/57</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) | | 23b. DATE <u>6/28/1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Trainer Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Fulton, Mo.</u> | | (State) _____ | | | |
| 24. FUNERAL DIRECTOR <u>Glen Maupin</u> | | ADDRESS <u>Fulton</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 28 1957</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mr. R.E. Palmer</u> | | | | | |

(Licensed Embolmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was seen
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lynnan Sprinkle*

Licensed Embalmer No. 40

P. O. Address Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.