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MEDICAL CERTIFICATION

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008798

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 164

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>Boone</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>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Boone Co. Hospital</u>		Length of stay in lb <u>4</u> Years	d. STREET ADDRESS (If outside, give location) <u>103 Clinton Dr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>FRANCIS</u> Last <u>CASE Jr.</u>			4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 2, 1915</u>		9. AGE (In years last birthday) <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Program Specialist Mo. State A.S.C. Office</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State A.S.C. Office</u>	11. BIRTHPLACE (City and state or country) <u>Topeka, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John F. Case</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Calvert</u>		14. NAME OF HUSBAND OR WIFE <u>Leora Eitel Case</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>5410</u>	17. INFORMANT Address <u>Mrs. John F. Case Jr., Columbia, Mo.</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>General debility + inanition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Complications of gastrectomy for bleeding duodenal ulcer including Biliary fistula</u>			
		DUE TO (c) <u>Pancreatic fistula etc.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5410</u>					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.) <u>1</u>		
20c. TIME OF INJURY Hour <u>7 AM</u> Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <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>Nov 20, 1957</u> to <u>April 7, 1958</u> and last saw <u>him</u> alive on <u>April 6, 1958</u> Death occurred at <u>7 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Horace C. Thomas M.D.</u>			22b. ADDRESS <u>Columbia, Mo.</u>		22c. DATE SIGNED <u>April 7, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ringo Point Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kirksville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>April 8 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

APR 21 1958

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 *J. W. Kelly*

Licensed Embalmer No. *4897*
P. O. Address *Columbus, OH*

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.