

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020900
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia 01050 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hosp. Length of stay in lb 2 wks.		d. STREET ADDRESS (If outside, give location) 616 N. 8th St. Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Albert E. Rees Middle Albert E. Last REES		4. DATE OF DEATH June 6, 1958 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY Steam Fitter	9c. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Steam Fitter	10c. BIRTHPLACE (City and state or country) Saline Co. Mo.
11. BIRTHPLACE (City and state or country) Saline Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alfred Rees		14. MOTHER'S MAIDEN NAME Ann Howell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-08-0404	
17. INFORMANT Terrell Rees, Columbia, Mo.		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) Cerebrovascular accident DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 minutes unpneumonia	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. CITY, TOWN, OR LOCATION Columbia COUNTY Mo STATE Mo	
20c. TIME OF INJURY 12:50P Hour a. m. p. m. Month, Day, Year 28 May '58		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 Columbia COUNTY Mo STATE Mo	
21. I attended the deceased from 28 May '58 to 6 June '58 and last saw him alive on 6 June '58 Death occurred at 12:50P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R P Ladenson MD (Degree or title)		22b. ADDRESS Columbia Mo	
22c. DATE SIGNED 6 June 58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/8/1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) Columbia, Missouri		23e. STATE Mo	
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. June 7, 1958	
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 100-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

310

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 *George R. Veamm*

Licensed Embalmer No. *47*

P. O. Address *Calumet*

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.