

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031742  
STATE FILE NUMBER

75189-58  
FILED OCT 14 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 447

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY OR TOWN <b>COLUMBIA</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Florence 0700</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>		Length of stay in 1b <b>9 1/2 hrs</b>	d. STREET ADDRESS (If outside, give location) <b>-</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>REX</b> , Middle <b>BABY</b> , Last <b>BOY</b>			4. DATE OF DEATH Month <b>10</b> - Day <b>5</b> - Year <b>58</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10/4/58</b>	9. AGE (In years last birthday) <b>1 DAY</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>(24 1/2)</b>	IF UNDER 24 HRS. Hours <b>(24 1/2)</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>New Florence Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>LAURENCE REX</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Burch</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>FATHER</b> , Address <b>NEW FLORENCE MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ANENCEPHALOS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 1/2 Hours</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	750X
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>-</b>	19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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.)
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from <b>11 39am 10/5/58</b> to <b>9:00 PM 10/5/58</b> and last saw her alive on <b>10/5/58</b> Death occurred at <b>9:00 PM 10/5/58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Helen M. Wachter, M.D.</b>	22b. ADDRESS <b>University Hospital, Columbia, Mo</b>	22c. DATE SIGNED <b>10/5/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>October 6, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW FLORENCE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>NEW FLORENCE, Mo.</b>
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24. FUNERAL DIRECTOR <b>Schlanker Funeral Home</b>	ADDRESS <b>Montgomery City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>October 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmore</b>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. Boone Schless* .....

Licensed Embalmer No. *4136* .....  
P. O. Address *Montgomery* .....

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.