

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038864

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 38 Primary Registration District No. 3.00.6 Registrar's No. 532

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY FRANKLIN	
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 BERGER 0360 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY of Mo. MEDICAL Center Length of stay in 1b 5 DAYS		d. STREET ADDRESS (If outside, give location) Route I Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elsia Middle Marie Last Carl			4. DATE OF DEATH Month Dec Day 1 Year 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-16-89
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and state or country) BERGER Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Jacob Carl	
14. MOTHER'S MAIDEN NAME Hannah Bruening		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. -		17. INFORMANT Medical Records university Hospital 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) UREMIA SECONDARY TO CHRONIC PYELONEPHRITIS			INTERVAL BETWEEN ONSET AND DEATH APPROX. 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONTRIBUTING CAUSES - PNEUMONIA, RIGHT UPPER LOBE DUE TO (c) 2.) ? HYPOTHYROIDISM			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6000			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.)	
20c. TIME OF INJURY Hour 6:00 Month, Day, Year			
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 11/26/58 to 12/1/58 and last saw her/him alive on 12/1/58 Death occurred at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. S. Santer (Degree or title) M.D.		22b. ADDRESS University Med Center	22c. DATE SIGNED 1 DEC 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12.4.58	23c. NAME OF CEMETERY OR CREMATORY St John's Ep R Cem.	23d. LOCATION (City, town, or county) (State) Berger Mo
24. FUNERAL DIRECTOR Paul H Blumer ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. Dec 1 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

Issues 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

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 *Lugo H. Stinner*
.....

Licensed Embalmer No.....

P. O. Address *Hessman*

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.