Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043227
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 560

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia. Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University Medical Center Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): N. Spring ST. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Christine Middle: Mandy Last: Bright

4. DATE OF DEATH Month Day Year: Dec. 15, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12-15-1891
9. AGE (In years last birthday): 67 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Ettich Mills, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry Mavers
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND ~~OR WIFE~~: Silas Bright

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: Hospital Records Son - Telephone & Cape Girardeau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Electrolyte imbalance	3 + days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Marked decubitus ulcers	?
DUE TO (c)	Generalized Arteriosclerosis	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-12-58, to 12-15-58 and last saw her/him alive on 12-15-58
Death occurred at 7:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl J. Wipfler, Jr., M.D.
22b. ADDRESS: U. of Mo. Medical Center
22c. DATE SIGNED: 12-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-17-58
23c. NAME OF CEMETERY OR CREMATORY: Cape Girardeau
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

24. FUNERAL DIRECTOR: Lyman Sprinkle ADDRESS: Columbia, Mo
25. DATE RECD. BY LOCAL REG.: Dec 16 1958
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1 All diseases in Part I must be causally related.
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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 .....

Licensed Embalmer No. 4425

P. O. Address .....

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.