

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**59-008416**

STATE FILE NUMBER

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **142**

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>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>		d. STREET ADDRESS <b>RFD #7</b>	
Length of stay in hospital <b>49 min</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Baby</b> Middle <b>Boy</b> Last <b>Pahl</b>			4. DATE OF DEATH Month <b>March</b> Day <b>25</b> Year <b>1959</b>		
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>March 25, 1959</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>49</b> Days <b>0</b> Hours <b>0</b> Min <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Columbia, Missouri</b>	
13. FATHER'S NAME <b>Roland Henry Pahl, Jr.</b>		14. MOTHER'S MAIDEN NAME <b>Phyllis Jean Rodabaugh</b>			

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.	17. INFORMANT Address <b>Mrs. Phyllis Pahl RFD 7</b>
--	-------------------------	--

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>MENINGOCOCCLE (NEWBORN)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>*</b>
DUE TO (b) _____		
DUE TO (c) <b>751X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

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 _____ 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

21. I attended the deceased from **MARCH 25 59** to **MARCH 25, 1959** and last saw <sup>her</sup>him **alive** on **MARCH 25, 1959**  
Death occurred at **12 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Charles A. Reech M.D.</b>	22b. ADDRESS <b>Columbia, Mo</b>	22c. DATE SIGNED <b>3/26/59</b>
--	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Mar. 27, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mo. Stat. Anatomical Board</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia Mo.</b>
---	-----------------------------------	---	--

24. FUNERAL DIRECTOR <b>M.D. Overholser</b>	ADDRESS <b>Mo. Stat. Anatomical Board, Columbia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Mar. 27, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmox</b>
--	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. O. Roberts*.....

Licensed Embalmer No.....

P. O. Address.....

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.