

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012287
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 214

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole | | |
| 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 JEFFERSON CITY | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIV. med. Center | | Length of stay in lb 2 Wk. | d. STREET ADDRESS (If outside, give location) Rt 2 Hwyway 54 South | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE BRONDEL DISTIER | | | 4. DATE OF DEATH Month Day Year MAY 3 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MARCH 30, 1892 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Cole County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME FREDERICK BRONDEL | | 13b. MOTHER'S MAIDEN NAME MARGARET CARPARI | | 14. NAME OF HUSBAND OR WIFE Leo George Distier | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Address Hospital Record | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN TUMOR (Glioblastoma Multifforme) (verified) | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) _____ | | | DUE TO (c) _____ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19.30 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 9/20/59 , to 5/3/59 and last saw her/him alive on 5/3/59 Death occurred at 11:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Samuel P.W. Black | | | 22b. ADDRESS Univ. of Missouri | | 22c. DATE SIGNED 5/3/59 |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) | 23b. DATE 5/6/59 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection | | 23d. LOCATION (City, town, or county) (Specify) Jefferson City Mo. | |
| 24. FUNERAL DIRECTOR Requester Duke J et No | | 25. DATE RECD. BY LOCAL REG. May 8 1959 | | 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Sylvester Dull*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson Co*

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.