

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016722
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			Length of stay in lb <u>8 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>400 Matthews</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Boy</u> Last <u>Divine</u>				4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 22, 1959</u>		9. AGE (In years last birthday) UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 MRS. Months <u>8</u> Days <u>15</u>	
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) <u>Columbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>George Earl Divine</u>				14. MOTHER'S MAIDEN NAME <u>Billie Ruth Teel</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Billie Ruth Divine</u>			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) <u>Immaturity 22 wks.</u> <u>bicornuate uterus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Spontaneous immature delivery</u>			
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, <u>Columbia</u>		COUNTY <u>Boone Co. Mo.</u>		STATE <u>Mo.</u>		
21. I attended the deceased from <u>Birth</u> to <u>Death</u> and last saw ^{her} _{him} alive on _____ Death occurred at <u>5:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>George J. Fuchs M.D.</u> (Degree or title)					22b. ADDRESS <u>Columbia, Mo.</u>			22c. DATE SIGNED <u>29 May 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5/27/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>			23d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>		
24. FUNERAL DIRECTOR <u>M. O. Overholser</u> ADDRESS <u>State Anatomical Board Columbia Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 1, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION - George J. Fuchs

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was} ~~was~~ ^{not}
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

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.