

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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FILED VS DEC 17 1959 38

Primary Registration District No. 3006

Registrar's No.

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>2 weeks</u>	c. CITY OR TOWN <u>Bevier Mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rectors Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Bevier Mo</u>
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Walters</u> Last <u>Walters</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 26, 1879</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	IF UNDER 24 HR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>	11. BIRTHPLACE (City and state or country) <u>So. Wales Eng</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Robert Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Kathryn Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>  </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>  </u>	17. INFORMANT <u>Arnold Walters, Columbia, Mo</u> Address <u>  </u>
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>Coronary Thrombosis cont</u> DUE TO (b) <u>arteriosclerosis, moderately severe</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10-15 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>severe multiple contusions</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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>Fall down barrel stamper</u>	
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>Nov 30 1959</u> a.m. <u>  </u> p.m. <u>  </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Macon</u> COUNTY <u>  </u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Dec. 3, 1959</u> to <u>Dec. 13, 1959</u> and last saw her alive on <u>Dec. 10, 1959</u> . Death occurred at <u>7:10 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>James M. Baker MD</u> 22b. ADDRESS <u>Columbia, Mo</u> 22c. DATE SIGNED <u>Dec 13 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>  </u>	23b. DATE <u>12-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood Cem</u>	23d. LOCATION (City, town, or county) <u>Bevier Mo</u> (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>Wm. Edwards Shriver</u> ADDRESS <u>  </u>		25. DATE RECD. BY LOCAL REG. <u>Dec 17, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Thomas C Durdon</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *Paul E. Alexander*

Licensed Embalmer No. 1961

P. O. Address *Berlin, Md*

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.