

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-018363

FILED VS MAY 16 1960

38

Registration District No. 3006 Primary Registration District No. 276 Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Boone</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Columbia</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Butler</i>	
Length of stay in 1b <i>1 Day</i>		c. CITY OR TOWN <i>Oulin</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>U. of M. M. C</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Rt. #1</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Kimberly</i>		Middle <i>Dawn</i>		Last <i>Sentell</i>		Month Day Year <i>May 11, 1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5-10-60</i>	9. AGE (last birthday) <i>2 Days</i>		IF UNDER 1 YEAR Months Days Hours Min. <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>Poplar Bluff, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>James Sentell</i>			13b. MOTHER'S MAIDEN NAME <i>Alice Trout</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Chart</i> Address			
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) <i>Anoxia</i>							<i>1 day</i>
DUE TO (b) <i>Prematurity wt 870 Gms</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>None</i>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year							
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 <i>5/10/60</i> to <i>5/11/60</i> and last saw her <i>alive</i> on <i>5/11/60</i> Death occurred at <i>8 05 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Ray August Waterford MD</i>				22b. ADDRESS <i>Univ. of Mo. Med Center, Columbia</i>		22c. DATE SIGNED <i>5/11/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>5/11/1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Campbell, Mo</i>		23d. LOCATION (City, town, or county) (State) <i>Campbell, Mo</i>	
24. FUNERAL DIRECTOR <i>Lyman Sprinkle, Columbia, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>May 11 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

