

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018367

FILED VS MAY 16 1960

38

3006

284

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DED

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>Johnson</i>	
c. FULL NAME OF (IF NOT in hospital, give location) <i>U. of M. med. C.</i>		Length of stay in 1b <i>53 days</i>		c. CITY OR TOWN <i>Knob Noster</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>124 Sunset Blvd</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>Lisa</i>		Middle <i>Ann</i>		Last <i>Stotko</i>		Month Day Year <i>May 13 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>2/18/60</i>	9. AGE (last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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>Whitman AFB</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Cornelius Stotko Jr</i>			13b. MOTHER'S MAIDEN NAME <i>Arlene Bossman</i>			14. NAME OF HUSBAND OR WIFE	
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. _____		17. INFORMANT <i>Hospital Record, U.M.M.C</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>Immediate</i>
DUE TO (b) <i>Aspiration</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>Congenital Heart Disease - Ventricular Septal Defect</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 checked="" type="checkbox"/> NO <input 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.)			
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>3/21/60</i> to <i>5/13/60</i> and last saw her him alive on <i>5/13/60</i> Death occurred at <i>7:35 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Ray August Waterford M.D.</i>				22b. ADDRESS <i>102 Starbuck Road, Columbia Mo</i>		22c. DATE SIGNED <i>5/13/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>May 13, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Herman Missouri</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Peckham Funeral Service</i>				25. DATE RECD. BY LOCAL REG. <i>May 13 60</i>		26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>	

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.