SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1961 38

-61-024055
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 457

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Boone~~ Howard
c. CITY OR TOWN Fayette
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 303 Lucky Street
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Minnie Middle: Last: Railsback
4. DATE OF DEATH Month: July Day: 21 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 21, 1885
9. AGE (last birthday): 76
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Howard County, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: David H. Railsback
13b. MOTHER'S MAIDEN NAME: Cothinca Morklond
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records Address: 40 at Garth Columbia, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Perforation of vagina
DUE TO (c) Instrumentation (Barium enema tube)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of cecum
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-17-61, to 7-21-61 and last saw her alive on 7-21-61
Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Johnson (Degree or title) MD
22b. ADDRESS Columbia, Mo
22c. DATE SIGNED 7-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7/22/61
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Fayette Mo.
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette Mo.
25. DATE RECD. BY LOCAL REG. July 22, 1961
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Io

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