

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-005522

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 94

FILED FEB 19 1962

|   |                                  |   |  |   |  |  |   |
|---|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Columbia</u>  |                                  | Length of stay in 1b<br><u>3 wks</u>  |  | c. CITY OR TOWN<br><u>St. Louis</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Rector Nursing Home</u>  |                                  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>3173 Alfred Ave.</u>             |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Ruby</u> Middle <u>T.</u> Last <u>Mordica</u>   |                                  |   |  | 4. DATE OF DEATH<br>Month <u>2</u> Day <u>11</u> Year <u>1962</u>   |  |  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/15/1896</u>              | 9. AGE (last birthday)<br><u>65</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 24 HR<br>Hours _____ Min. _____          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Inspector</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Shoe Factory</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Boone County, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>W. A. Mordica</u>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Isabell Creasy</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Never Married</u>                                  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                                  |   |  | 17. INFORMANT<br>Name <u>A Ethel Pyrtle</u> Address <u>St. Louis, Mo.</u>   |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Colon</u><br><u>metastasis.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>18 mo.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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 <u>Dec 1961</u> to <u>Feb 1962</u> and last saw her alive on <u>Feb. 10, 1962</u><br>Death occurred at <u>11:25 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>James M Baker MD</u>   |                                  |   |  | 22b. ADDRESS<br><u>Columbia, Mo.</u>  |  | 22c. DATE SIGNED<br><u>Feb. 12 1962</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>2/13/1962</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Columbia, Missouri</u>           |   |
| 24. FUNERAL DIRECTOR<br><u>Lyman Sprinkle</u> ADDRESS <u>Columbia, Mo.</u>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>Feb 13 1962</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs RE Palmer</u>                                    |   |

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

FEB 26 1962

**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,

~~\_\_\_\_\_~~, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ignace Spurdle*

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

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.