MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-021917

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 357

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 49 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Medical Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Audrain
c. CITY OR TOWN: Mexico — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 213 S Washington — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Brenda Middle: Kay Last: David

4. DATE OF DEATH Month: 6 Day: 24 Year: 1962

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-19-59

9. AGE (last birthday): 3 yrs.

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): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Columbia Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wallace B David.

13b. MOTHER'S MAIDEN NAME: Betty Marie Dirwiddie

14. NAME OF HUSBAND OR WIFE:

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 Chart Address: U.M.M.C.

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): Apnea

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
DUE TO (c):

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ 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 5-6-62, to 6-24-62 and last saw her alive on 6-24-62

Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George L. Baker M.D.

22b. ADDRESS: M.U. Medical Center Columbia, Missouri

22c. DATE SIGNED: 6/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-26-62

23c. NAME OF CEMETERY OR CREMATORY: East Lawn

23d. LOCATION (City, town, or county): Mexico (State): Mo

24. FUNERAL DIRECTOR: Precht-Hueston ADDRESS: Mexico Mo

25. DATE RECD. BY LOCAL REG.: June 24-1962

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Earl E Brecht

Signature of Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico 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.