

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021952

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 360

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109

2 0280

3 1

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12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED JUL 2 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Boone</u>		a. STATE <u>MO</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>13 days.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Un. v. Med. Center</u>		d. STREET ADDRESS (If outside, give location) <u>Route #2 Box 20</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Ida</u> Middle <u>(Gillian) Tuamhough</u> Last <u></u>		Month <u>6</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None Home</u>	11. BIRTHPLACE (City and state or country) <u>CRAWFORD MO</u>
13a. FATHER'S NAME <u>Al Gilliam</u>		14. NAME OF HUSBAND OR WIFE <u>? (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mo. Med. Records / Un. v. F. M. Hosp</u>	
16. SOCIAL SECURITY NO. <u>2</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
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) <u>PULMONARY EDEMA</u>			<u>10 MINS.</u>
DUE TO (b) <u>CONGESTIVE HEART FAILURE</u>			<u>10 MINS</u>
DUE TO (c) <u>HYPERTENSIVE C-U DISEASE</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>CHRONIC RENAL INSUFFICIENCY</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour <u>6:30</u> s.m. <u></u> p.m. <u></u> Month, Day, Year <u>6-25-62</u>	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>6-12-62</u> to <u>6-25-62</u> and last saw her alive on <u>6-25-62</u>		Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Robt. E. Stafflemon M.D.</u>		22b. ADDRESS <u>Columbia, Mo</u>	22c. DATE SIGNED <u>6-25-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/28/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Steelville</u>	23d. LOCATION (City, town, or county) (State) <u>Steelville, Mo.</u>
24. FUNERAL DIRECTOR <u>Lyman Spunkle</u>		ADDRESS <u>Columbia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 26 1962</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

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 _____

Signature of Student Embalmer

Signed Lynard H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbus, 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.