

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005194

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 114

FILED FEB 25 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0109</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
2 <u>0785</u>	INSTEAD OF				
3	DOCUMENT				
4 <u>1</u>	MEDICAL CERTIFICATION				
5 <u>2</u>	BY AFFIDAVIT OF				
6	SHOULD READ				
7 <u>0</u>	ITEM NO.				
8 <u>1</u>					
9 <u>94200</u>					
10					
11					
12 <u>3-0</u>					
13 <u>3-0</u>					

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>19 days</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>907 Bell St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Eula</u> Middle <u>Burns</u> Last <u>Paris</u>		4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1963</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>1-26-97</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
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</u>		11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Robert H. Pate</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Wagster</u>	
14. NAME OF HUSBAND OR WIFE <u>Widowed</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service)] <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Hospital Records, Columbia, Missouri</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u> DUE TO (b) <u>PERSISTENT ATRIAL FIBRILLATION 48 hrs</u> DUE TO (c) <u>ASHD</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>post op hysterectomy &amp; resection of vaginal cuff 11 days</u>		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 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 a.m. p.m.	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>2-7-63</u> to <u>2-18-63</u> and last saw her alive on <u>2-18-63</u> Death occurred at <u>1142 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Robert Y. Glass M.D.</u>		22b. ADDRESS <u>State Cancer Hosp</u>	
22c. DATE SIGNED <u>2-18-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/20/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Little Basin</u>		23d. LOCATION (City, town, or county) <u>Caruthersville, Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Lynnman Spunkle, Columbia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 18, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

MAR 22 1963

MAY 28 1963

JUN 19 1963

**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 Richard A. Reeves

Licensed Embalmer No. 5109

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.