

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014971

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 314

**FILED MAY 2 1963**

1. PLACE OF DEATH  
a. COUNTY Boone  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b D.O.A.  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION U. of Mo. Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Moniteau  
c. CITY OR TOWN Bunceton Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) RR#1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Rachelle Anna Warrick  
4. DATE OF DEATH Month Day Year  
April 28 1963

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4/2/1963 9. AGE (last birthday) 26 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 USA

13a. FATHER'S NAME Lee Gray Warrick 13b. MOTHER'S MAIDEN NAME Yvonne (Warrick) 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or -----) (If yes, give war or dates of ser -----) 17. INFORMANT Address Yvonne Warrick, Bunceton, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bilateral Pneumonia  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ----- DUE TO (c) -----  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None  
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 DEAD ON ARRIVAL and last saw her ----- Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.D. Dierker MD 22b. ADDRESS University Mo. Medical Center 22c. DATE SIGNED 4/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/30/1963 23c. NAME OF CEMETERY OR CREMATORY Bunceton 23d. LOCATION (City, town, or county) (State) Bunceton, Mo

24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle, Columbia, Mo. 25. DATE RECD. BY LOCAL REG. April 29, 1963 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

1 0109

2 0680

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lynman Sprinkle

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.