

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

433

66 0022832

STATE FILE NUMBER

| | | | |
|---|--|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia | | c. CITY OR TOWN Columbia | |
| Length of stay in 1b 1 yr | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital | | d. STREET ADDRESS (If outside, give location) 1133 St. Christopher | |
| 3. NAME OF DECEASED (Type or print) First Phyllis Middle Jean Last Edgar | | 4. DATE OF DEATH Month 6 Day 22 Year 1966 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/18/1933 |
| 9. AGE (last birthday) 33 | | IF UNDER 1 YEAR Months 33 Days 33 Hours 33 Min. 33 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) State of W. Virginia | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John Brown | | 13b. MOTHER'S MAIDEN NAME Gladys Holcomb | |
| 14. NAME OF HUSBAND OR WIFE John Edgar | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. 236-50-5855 | | 17. INFORMANT John Edgar Columbia, 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) Crushing injuries of chest and abdomen DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Driver of car involved in 4-car accident at intersection of Highway WW and 635 in Columbia, Mo | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year 6/23/66 | 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.) Coroner's Case | | 20f. CITY, TOWN, OR LOCATION Columbia, Missouri | |
| 21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 7:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Richard E. Johnson, M.D. | | 22b. ADDRESS Columbia, Mo | |
| 22c. DATE SIGNED 6-23-66 | | 22d. LOCATION (City, town, or county) (State) Columbia, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/28/1966 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | |
| 23d. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo. | | 23e. DATE RECD. BY LOCAL REG. June 24, 1966 | |
| 23f. REGISTRAR'S SIGNATURE Wm R E Polman | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

JUL 12 1966

JUL 6 1966

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 Paul F. Ruschmeier, Student Embalmer No. 799

working under my personal supervision.

Student

Paul F. Ruschmeier

Signed

David Duffy

Signature of Student Embalmer

Licensed Embalmer No.

5249

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.