

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024113

FILED VS JUL 27 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 324

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 469 W. Verby St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Amanda Middle Johnson Last Birge

4. DATE OF DEATH Month July Day 20 Year 1959

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-31-88

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Texas

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

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.

Unknown

17. INFORMANT

University Medical Center - Medical Records

Address 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)

cerebrovascular accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

acute + chronic cholecystitis

DUE TO (c)

chronic cholecystitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

acute + chronic pylorophinitis

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 14 July '59 to 20 July '59 and last saw her alive on 11:00 AM 20 July '59
Death occurred at 1:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. R. Ellis, M.D.

(Degree or title)

22b. ADDRESS

U. of Mo. Med. Center

22c. DATE SIGNED

20 July '59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/23/59

23c. NAME OF CEMETERY OR CREMATORY

Califarnia

23d. LOCATION (City, town, or county)

Califarnia Mo

(State)

24. FUNERAL DIRECTOR

George L. Carroll

ADDRESS

Columbia, Mo

25. DATE RECD. BY LOCAL REG.

July 21 1959

26. REGISTRAR'S SIGNATURE

Mrs. R. E. Palmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 4013

P. O. Address Columb

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.