

FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12162
State File No.

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6239 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Washington			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural Belview		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Mehlville		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wing Lake			e. STREET ADDRESS (If rural, give location) 1012 Adworth Dr <i>Good</i>			
3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Chesley c. (Last) Adams			4. DATE OF DEATH (Month) (Day) (Year) March 3, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 17 1940		9. AGE (In years last birthday) 15	
				IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chesley Adams		13b. MOTHER'S MAIDEN NAME Gloria Becherer		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chesley Adams Mehlville, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>accidental drowning</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>850X</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>42</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Wing Lake</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Wash. Mo.</i>				
21d. TIME OF INJURY <i>3, 3, 56 1:30 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW AND INJURY OCCUR? <i>fatigue fishing boat overturned</i>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>Dr. R. L. Gibson, Conover</i>			23b. ADDRESS Potosi, Missouri		23c. DATE SIGNED <i>3-3-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>3-3-65</i>	24c. NAME OF CEMETERY OR CREMATORY St Trinity Lutheran Cem	24d. LOCATION (City, town, or county) (State) Lemay, Mo.			
DATE REC'D BY LOCAL REG. <i>3/3/56</i>	REGISTRAR'S SIGNATURE <i>Helmuth Kurland</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fey Funeral Home, Mehlville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CORRECTED COPY

MAR 28 1956

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 *John N. Shipman*.....
Licensed Embalmer No. 488

P. O. Address Bismarck, M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.