

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13683

State File No.

77775-55
FILED APR 17 1956

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 162	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL				e. STREET ADDRESS (If rural, give location) 912 CENTRAL AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) EARL		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) APRIL 10, 1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT		8. DATE OF BIRTH Nov. 19, 1955	
9. AGE (In years last birthday) 0		10. MONTHS 4		11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT M. ADAMS		13b. MOTHER'S MAIDEN NAME HELEN BELLMAN		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) INFANT		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT M. ADAMS, 912 CENTRAL AVE.			
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>acute myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>decompensation & hypertrophy</i> DUE TO (c) <i>congenital intra abdominal septal defect & interventricular septal defect</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>2 wks</i> <i>4 months</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4/9</i> , 1956, to <i>4/10</i> , 1956 that I last saw the deceased alive on <i>4/10</i> , 1956, and that death occurred at <i>10:25</i> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. Thistle</i>				23b. ADDRESS <i>521 West 4th Joplin, Mo.</i>		23c. DATE SIGNED <i>4/10/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>4-13-56</i>		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		24d. LOCATION (city, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. <i>4-13-56</i>		REGISTRAR'S SIGNATURE <i>Dore Merriam</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED APR 15 1956
Jasper County Health Office

County File Number 56-44-330
Date Filed APR 16 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 F. M. Jones

Licensed Embalmer No. 231

P. O. Address Jasper, 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.