

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26733

State File No. ....

FILED SEP 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025- Registrar's No. 36

0461

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>354</u>		e. STREET ADDRESS (If rural, give location) <u>Monks Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Logan</u>			
3. NAME OF DECEASED a. (First) <u>Orwell</u> b. (Middle) <u>R.</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>7-24-1889</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains Mo</u>
10a. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leonard Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Lee</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Or Adams West Plains Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> <u>10 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u> <u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6-22</u> , 19 <u>53</u> , to <u>8-24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>56</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ch. Callahan M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Missouri</u>	
23c. DATE SIGNED <u>8/27/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10</u>		24b. DATE <u>8/27-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>8.30-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
F. FUNERAL DIRECTOR'S SIGNATURE <u>Volterbus</u>		ADDRESS <u>West Plains Mo</u>	

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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 *J. A. Roberts* .....

Licensed Embalmer No. *3437* .....

P. O. Address *West Plains* .....

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.