

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

42215

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5-805 Registrar's No. 07

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>TEXAS</u> b. COUNTY <u>NUECES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Jefferson Township</u>		c. CITY OR TOWN <u>CORPUS CHRISTI</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STOUTSVILLE</u>		d. STREET ADDRESS (If outside, give location) <u>766 Lamsdown St.</u>	
Length of stay in 1b <u>3 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>BARBARA ANN ADAMS</u>			4. DATE OF DEATH Month Day Year <u>DECEMBER 4-1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 17-1939</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>6 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRUGSTORE</u>		11. BIRTHPLACE (City and state or country) <u>MONROE City Missouri</u>	
13. FATHER'S NAME <u>ROY ADAMS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>MISSOURI</u>		
17. INFORMANT <u>Mrs Margaret Ziegler</u>			Address <u>Corpus Christi Tex</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head and Chest Injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>AUTOMOBILE ACCIDENT</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>ABOUT 9:10 p. m. DEC. 4 1956</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 24</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>MONROE Missouri</u>

21. I attended the deceased from Death occurred at <u>ABOUT 9:10 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Russell M. Wilson</u>	22b. ADDRESS <u>Monroe City Mo</u>	22c. DATE SIGNED <u>12-5-56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-8-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>MONROE City, Missouri</u>
24. FUNERAL DIRECTOR <u>WILSON &amp; SONS, MONROE City Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-56</u>	26. REGISTRAR'S SIGNATURE <u>F. A. Barnett M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner must be causally related. Coroner cannot certify to a death due to natural causes.

6581810350

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lester L. Hilson.....

Licensed Embalmer No. 2014

P. O. Address Monroe City, Mo.

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.