

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

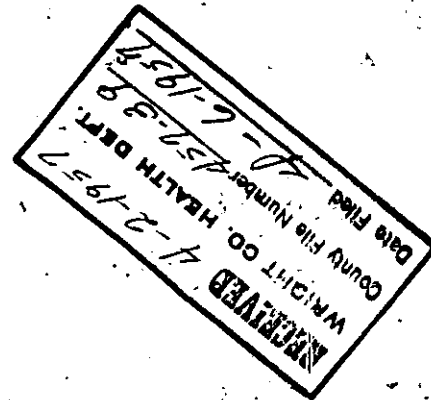
11908  
State File No. \_\_\_\_\_

FILED APR 10 1957

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>6282</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT (Highway 60)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>			
b. CITY OR TOWN <u>2 mi. N. Norwood</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Hartsville</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1146</u>				e. STREET ADDRESS (If rural, give location) <u>10 mi. N. Hartsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>L.</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u>		8. DATE OF BIRTH <u>8-11-1935</u>		9. AGE (In years last birthday) <u>21</u> <u>7</u> <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAWMILL (OP)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>NOLA WOODY</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHAS. ADAMS SR. Hartsville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car accident</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  8274 2				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>1146</u> COUNTY <u>Wright</u> STATE <u>MO</u>		21f. HOW DID INJURY OCCUR? <u>Car wreck one car involved, left road and ran over</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>3 15 1957 11:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>3-16</u> , 19 <u>57</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Noble Corcoran</u>				23b. ADDRESS <u>Wright, Mo.</u>		23c. DATE SIGNED <u>3-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek</u>		24d. LOCATION (City, town, or county) (State) <u>No. Hartsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/30/57</u>		REGISTRAR'S SIGNATURE <u>Frank Noble Corcoran</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Simpson Hartsville</u>			

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

3840



### 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..... *R. W. Bork*

Licensed Embalmer No... 36

P. O. Address .....

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.