

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

STATE FILE NUMBER 1639

Registration District No. 156 Primary Registration District No. 1 Registrar's No. 41

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| 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, give TOWNSHIP only) OR TOWN JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN JOPLIN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | Length of stay in 1b 15 YRS | d. STREET ADDRESS 2015 ANNIE BAXTER |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last ALEX E. MCADAM | | | 4. DATE OF DEATH JAN. 25, 1958 Month Day Year | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 4, 1893 | 9. AGE (In years last birthday) 64 | 10. F UNDER 1 YEAR Months Days Hours Min. | 11. IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER-CENTRAL CREDIT RATING BUREAU | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) DENVER, COLO. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME THOMAS MCADAM | 13b. MOTHER'S MAIDEN NAME ISABELLE BUZZI | 14. NAME OF HUSBAND OR WIFE RUTH MCADAM |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. UNK | 17. INFORMANT MRS. RUTH MCADAM, 2015 ANNIE BAXTER |
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| 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>Pulmonary Edema</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Myocardial Weakness</u> | <u>3 mo</u> |
| | DUE TO (c) <u>Generalized Carcinomatosis</u> | <u>1 year</u> |
| 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"/> |

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| 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from <u>Nov 1, 1956</u> to <u>Jan 25, 1958</u> and last saw him alive on <u>Dec 1, 1957</u> Death occurred at <u>2:40 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Charles S. Quadeck M.D.</u> | 22b. ADDRESS <u>504 Travis Bldg. Joplin Mo</u> | 22c. DATE SIGNED <u>1-27-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE <u>1-27-58</u> | 23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY, | 23d. LOCATION (City, town, or county) (State) ARKANSAS CITY, KANSAS |
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| 24. FUNERAL DIRECTOR TEVE PARKER MORTUARY, JOPLIN, MO. | 25. DATE RECD. BY LOCAL REG. <u>Jan. 27-58</u> | 26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED FEB 5 - 1958
Jasper County Health Office

County File Number 105-1958
Date Filed FEB 5 - 1958

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 Jack Parker

Licensed Embalmer No. 4938

P. O. Address Joplin

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.