

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019437
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4923

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY 8420	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waco 10706
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 33 2400 Lyle
3. NAME OF DECEASED (Type or print) First Middle Last VIRGINIA LEE ADAMS		4. DATE OF DEATH Month Day Year MAY 8, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1884
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. BIRTHPLACE (City and state or country) Coryell County Texas
10a. FATHER'S NAME Thomas Threlkeld		10b. MOTHER'S MAIDEN NAME Melvin Pollack	10c. NAME OF HUSBAND OR WIFE David Adams (Deceased)
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, [unknown]) (If yes, give war or dates of service) No		11. SOCIAL SECURITY NO. None	11. INFORMANT Address Sam Powell 7114 Valbrook Lane Affton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, TYPE UNKNOWN			INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) IDIOPATHIC THROMBOCYTOPENIC PURPURA AND LEUKEMIA, TYPE UNKNOWN			3 MONTHS
DUE TO (c)			3 WEEKS
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 296xH	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from APRIL 28, 1958 to MAY 8, 1958 and last saw ^{her} him alive on MAY 8, 1958 Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. Vermillion, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 5/8/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Waco Texas	23d. LOCATION (City, town, or county) (State) Waco, Texas
24. FUNERAL DIRECTOR ADDRESS Schumacher's 3013 Meramec St.		25. DATE RECD. BY LOCAL REG. MAY 9 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>

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.

Texas
Class
SACS Type

Female White
Housewife
Thomas Threlkeld
Melvin Pollock
Sam Powell
David Adams (Deceased)
Home
Home
Home
Corvett County Texas U.S.A.
Aug. 6, 1884
Wilton, Mo.
Waldbrook Lane

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 Haupt*
Licensed Embalmer No. *4746*
P. O. Address *St. Louis*

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.