

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024599

STATE FILE NUMBER

805

AUG 4 1958		Registration District No. 42		Primary Registration District No. 1000		Registar's No.	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 414 Eulich St.		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 414 Eulich St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edgar Middle F. Last Adair				4. DATE OF DEATH Month July Day 27, Year 1958			
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 15, 1923 34	
9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Installation Man		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edgar B. Adair		13b. MOTHER'S MAIDEN NAME Anna M. Lovell		14. NAME OF HUSBAND OR WIFE Norma Elaine Adair			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #2		16. SOCIAL SECURITY NO. 488-22-7061		17. INFORMANT Norma Elaine Adair, St. Joseph, Missouri			
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>Cerebral hemorrhage</u> <u>ruptured</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>congenital</u> 330X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>stroke</u>	
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.) <u>Died suddenly</u>					
20c. TIME OF INJURY Hour 10 a.m. Month, Day, Year 7-27-58							
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>at his home</u>		20f. CITY, TOWN, OR LOCATION <u>Saint Joseph</u>		COUNTY <u>MO Buchanan Co</u> STATE	
21. I attended the deceased from <u>breath & body</u> to <u>7-27-58</u> and last saw her alive on <u>4-10-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Samuel M. Coronar</u> (Deceased or title)				22b. ADDRESS <u>214 North Main St</u>		22c. DATE SIGNED <u>7-27-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 29, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
24. FUNERAL DIRECTOR <u>Memorial Park Cemetery</u>				25. DATE RECD. BY LOCAL REG. <u>July 29, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Clark Woodell</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 6 1958

NOV 14 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 *Elbert E. Harrington*
Licensed Embalmer No. 3258
P. O. Address St. Joseph, Mo.

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.