

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025120

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 120 Primary Registration District No. 5447 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GENTRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOWARD TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ALBANY MO., RURAL 0380 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SILOAM, MO.		Length of stay in 1b 20 YRS	d. STREET ADDRESS (If outside, give location) SILOAM, MO. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CURTIS W ADAMS			4. DATE OF DEATH Month Day Year JULY 14 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV 16, 1900
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) GENTRY CO. MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIS ADAMS	13b. MOTHER'S MAIDEN NAME ALICE DOTSON
14. NAME OF HUSBAND OR WIFE MARIE ADAMS		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. 500-07-5195
17. INFORMANT MRS. MARIE ADAMS		Address ALBANY, 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) Mural Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 1 day years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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.)	
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 Albany COUNTY Gentry STATE Mo.
21. I attended the deceased from 7-13-58 to 7-14-58 and last saw ^{her} alive on 7-13-58 Death occurred at 4. A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank H. Rose, M.D.		22b. ADDRESS Albany, Mo.	22c. DATE SIGNED 7-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 16, 1958	23c. NAME OF CEMETERY OR CREMATORY GRANDVIEW CEMETRY	23d. LOCATION (City, town, or county) (State) ALBANY MO
24. FUNERAL DIRECTOR Kermit Bran		ADDRESS Denver Mo	25. DATE RECD. BY LOCAL REG. 7-16-58
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

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.

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City, 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.