

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026491  
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. James Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co Memorial Hosp			Length of stay in 1b	d. STREET ADDRESS St. James twp	
3. NAME OF DECEASED (Type or print) Christina Adams			First	Middle	Last
4. DATE OF DEATH			Month	Day	Year
5. SEX Female			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 Jan 22, 1935			9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Joseph Ambrose		
14. MOTHER'S MAIDEN NAME Emma Dodd			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		
16. SOCIAL SECURITY NO. Yes			17. INFORMANT Madeline Shriver, 2241 Shandoah St. Louis 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) Sunshot wound (shotgun) to abdomen. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) abdomen. DUE TO (c) 981X					INTERVAL BETWEEN ONSET AND DEATH 1-wk
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"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Man fired by husband, allegedly mistaken identity.			
20c. TIME OF INJURY. Hour m. 7-23-58 Month, Day, Year p. m. 7-23-58		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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7-23-58 to 7-31-58 and last saw her alive on 7-31-58 Death occurred at 6:00 (?) A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. E. Feind mid.			22b. ADDRESS Rolla Mo.		22c. DATE SIGNED 8-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) St. James, Missouri
24. FUNERAL DIRECTOR Jesse Gabel-St. James Mo			25. DATE RECD. BY LOCAL REG. Aug 4, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

Health,  
& Welfare  
Public  
Service

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No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

RECEIVED

Phelps County Health Officer,

County File Number 1115

Date Filed 8/11/58

MAR 10 1961

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 C. Jesse Galt

Licensed Embalmer No. 440

P. O. Address Ph. Jam

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.