

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029516  
State File No.

FILED SEP 4 1958

REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5631 Registrar's No. 46

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Bates City</u>  |   | c. LENGTH OF STAY (In this place)<br><u>Home</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Home</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Bates City, Mo.</u>   |  |
| d. STREET ADDRESS<br><u>Rural</u>  |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Myrtle Ellen</u> b. (Middle) <u>Loveless</u> c. (Last) <u>Adams</u>   |   | 4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>28</u> (Year) <u>1958</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   | 8. DATE OF BIRTH <u>Feb. 1 - 1879</u>  |
| 9. AGE (In years last birthday) <u>79</u>  | 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Lafayette, Iowa</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>American</u>  | 13a. FATHER'S NAME<br><u>James Franklin Coit</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Deloria Jane McPherson</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>William L. Adams</u>                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mr. Herbert Drizick Bates City</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Arteriosclerotic Heart Dis.</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION<br><u>4200</u>  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>6-12</u> , 19 <u>58</u> , to <u>8-28</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>8-28</u> , 19 <u>58</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE<br><u>Cecil L. Watson M.D.</u>  |   | 23b. ADDRESS<br><u>Odessa, Mo.</u>   |  |
| 23c. DATE SIGNED<br><u>8-28-58</u>   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 24b. DATE<br><u>Aug 30, 1958</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mound Grove</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>Independence, Mo</u>     |
| DATE REC'D BY LOCAL REG.<br><u>8-28-58</u>   | REGISTRAR'S SIGNATURE<br><u>Emma Davidson</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Carson &amp; Sons Indep Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed

*George E. Carson*

Licensed Embalmer No.

*2249*

P. O. Address

*Independence, 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 this body is not embalmed, fact should be so stated above.