

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033784

STATE FILE NUMBER

FILED OCT. 1 1958

Registration District No. 280 Primary Registration District No. 4419 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Plette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Plette		
b. CITY (If outside corporate limits, give TOWNSHIP only) Deerborn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Deerborn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. TOWN NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Overton Last Adams			4. DATE OF DEATH Month Sept. Day 15 Year 1958		
5. SEX male	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 Sept. 22, 1867		9. AGE (in years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Crab Orchard, Ky.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Adams		13b. MOTHER'S MAIDEN NAME Mery Ann Curtis		14. NAME OF HUSBAND OR WIFE Meud B. Williams	
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. none		17. INFORMANT Address Mrs. LeVerne Harris Deerborn, 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) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis DUE TO (c) Atherosclerosis 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 3 days
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 a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <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 June 158 , to Sept 15-58 Death occurred at Sept 15 1958		21b. I last saw him alive on Sept 15 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. B. Moore		22b. ADDRESS Deerborn Mo		22c. DATE SIGNED Sept 17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 9-17-1958		23c. NAME OF CEMETERY OR CREMATORY Deerborn Cemetery	
23d. LOCATION (City, town, or county) Deerborn, Mo.					
24. FUNERAL DIRECTOR Vaughn-Augrenc		25. DATE RECD. BY LOCAL REG. Sept-17-58		26. REGISTRAR'S SIGNATURE Alphia Rollins	

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.