

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038673

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 366 Primary Registration District No. 6240 Registrar's No. 83

S. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Washington			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harmony		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Irondale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 mi. E. Belgrad		Length of stay in 1b Hours	d. STREET ADDRESS 1100		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edward Alvia Adams			4. DATE OF DEATH Month Day Year Oct. 14, 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 Aug. 13, 1901		9. AGE (In years less birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Diamond Driller		10b. KIND OF BUSINESS OR INDUSTRY Leadmining		11. BIRTHPLACE (City and state or country) Leadwood, Missouri	
13a. FATHER'S NAME Edward Clayton Adams			13b. MOTHER'S MAIDEN NAME Maude Wishon		14. NAME OF HUSBAND OR WIFE Ann 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. 493-03-9667		17. INFORMANT Address Mrs. Ann Adams Irondale, 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) unknown but apparently an acute heart attack.					INTERVAL BETWEEN ONSET AND DEATH FEW MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Patient XXXXXXXX collapsed during work-hours. DUE TO (c) 4344					
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <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 No physician and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Albert Endall (Degree or title) Local Registrar			22b. ADDRESS 912 Richeson Rd, Potosi, Mo.		22c. DATE SIGNED 10/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/17/58	23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		23d. LOCATION (City, town, or county) (State) Washington County, Mo.
24. FUNERAL DIRECTOR Bert L. Boyer		ADDRESS Leadwood, Mo.		25. DATE RECD. BY LOCAL REG. 10/17/58	26. REGISTRAR'S SIGNATURE Albert Endall

OCT 24 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 *William E. Boyer*

Licensed Embalmer No. *4730*

P. O. Address *Lebanon, 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.