

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039230

STATE FILE NUMBER

FILED DEC 12 1958 Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Christian County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ozark, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Ozark Mo</b> <b>0220</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b> Length of stay in 1b <b>3 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Ozark, Mo</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Mark</b> Middle <b>Vince</b> Last <b>Adams</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>11</b> Year <b>58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 15/1900</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>Jacob Adams</b>			14. MOTHER'S MAIDEN NAME <b>Eliza Claussen</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-10-3474</b>	17. INFORMANT <b>Mrs Rosie Adams, Ozark Mo</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gun Shot Wound In Left Side of Chest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>976X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Deceased had taken .16 Ga. Shot Gun and used a stick to discharge gun. (Hopkins &amp; Allen Arms Co.)</b>	
20c. TIME OF INJURY Hour <b>2:45 approx</b> p. m. Month, Day, Year <b>11-11-1958</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Milk Shed near home</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Ozark</b>	COUNTY <b>Christian</b> STATE <b>Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>approx. 2:15P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Dean Harris</b> (Degree or title) <b>Coroner Christian Co. 3</b>	22b. ADDRESS <b>Clever, Mo.</b>	22c. DATE SIGNED <b>11-15-1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hopedale</b>
23d. LOCATION (City, town, or county) (State) <b>Christian, Mo</b>		

24. FUNERAL DIRECTOR <b>T. B. Chaffin</b> ADDRESS <b>Ozark Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 5-1958</b>	26. REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>
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(Licensed Embalmer's Statement on Reverse Side)

hh, welfare, blic rvice 20 00 56 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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**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..... *T. B. Chaffin* .....

Licensed Embalmer No. *21*

P. O. Address ... *Ozark* .....

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