

(THE DIVISION OF HEALTH OF MISSOURI)
STANDARD CERTIFICATE OF DEATH

58-039493

STANDARD FILE NUMBER

FILED DEC 1 1958

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1136**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Rogersville 0390 Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital Length of stay in 1b		d. STREET ADDRESS RFD#1 (If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle ADAMS Last ADAMS		4. DATE OF DEATH November 26, 1958 Month Day Year	
5. SEX Male ☐	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 13 Jan. 1880 78
9. AGE (In years birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME J.C. Adams	
14. MOTHER'S MAIDEN NAME Emma Hern		15. NAME OF HUSBAND OR WIFE Ida May Adams	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		17. SOCIAL SECURITY NO. Unknown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Cecum metastatic to liver 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) 1530		INTERVAL BETWEEN ONSET AND DEATH 2 years	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri	
21. I attended the deceased from 10-20-58 to 11-26-58 and last saw him alive on 11/25/58 Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Gene W. Lathrop, M.D.	
22b. ADDRESS 808 Med Arts Springfield, Mo.		22c. DATE SIGNED 11/26/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-58	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Spgfd. Mo.		25. DATE RECD. BY LOCAL REG. 11-26-58	
26. REGISTRAR'S SIGNATURE Effie E. Mellon			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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November 28, 1958

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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 _____

Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.