

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040705

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 200 Primary Registration District No. 4310 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>MOON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> COUNTY <u>MOON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bevier</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bevier</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>-</u>		Length of stay in lb <u>-</u>	0670 STREET ADDRESS (If outside, give location) <u>-</u> 0

3. NAME OF DECEASED (Type or print) First <u>Fannie Ruth</u> Middle <u>Johnson</u> Last <u>ADAMS</u>			4. DATE OF DEATH Month <u>10</u> Day <u>25</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-23</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Bevier MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WALTER JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Buchanan</u>		14. NAME OF HUSBAND OR WIFE <u>AL ADAMS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Al Adams Bevier MO</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>inaction and debilitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>progressive paralysis agitans</u>	<u>10 yrs</u>
	DUE TO (c) <u>-</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>350X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>-</u>	
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bevier MO MO</u>

21. I attended the deceased from <u>1948</u> to <u>Oct. 27, 1958</u> and last saw her alive on <u>Oct. 27, 1958</u> Death occurred at <u>1:00</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>A. L. Surden D.O.</u> (Degree or title)	22b. ADDRESS <u>Macon, Missouri</u>
22c. DATE SIGNED <u>11-14-58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Bevier MO</u>
24. FUNERAL DIRECTOR <u>H. G. Edwards Bevier MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11/14/58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Mueely</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

Date Filed 11-18-58

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 *H. S. Edwards*

Licensed Embalmer No. *1561*
P. O. Address *Berlin 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.