

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042985

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No.

336

Primary Registration District No.

6121

Registrar's No.

377

1. PLACE OF DEATH

a. COUNTY

Shannon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Birch Tree Twp

Inside Limits
Yes ☐ No ☒

c. CITY
OR
TOWN

Birch Tree

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Home

Length of stay in lb
years

d. STREET
ADDRESS

(If outside, give location)
Route #1

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Walter

Middle

Pear

Last

Adams

4. DATE

OF
DEATH

Month

Oct. 25,

Day

1958

Year

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

NEVER MARRIED ☐

WIDOWED ☐

DIVORCED ☐

8. DATE OF BIRTH

Mar. 20, 1883

9. AGE (In years)

75

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR
INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Rolla, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

L. C. Adams

13b. MOTHER'S MAIDEN NAME

Josephine Blane

14. NAME OF HUSBAND OR WIFE

Mary Francis Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or name of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

Howard Adams, Birch Tree, 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)

Acute myocarditis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

Arteriosclerosis

444X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

INTERVAL BETWEEN
ONSET AND DEATH

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

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 Month, Day, Year
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

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 April 17, 1956 to Oct 3, 1958 and last saw ^{her} _{him} alive on Oct 3, 1958
Death occurred at 6 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold W. Miller M.D.

22b. ADDRESS

602-^{2nd} Willow Springs, Mo.

22c. DATE SIGNED

11-12-58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

10/29/58

23c. NAME OF CEMETERY OR CREMATORY

Oak Forest Cemetery

23d. LOCATION (City, town, or county)

Birch Tree, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn View, Mo.

25. DATE RECD. BY LOCAL REG.

Nov 17, 1958

26. REGISTRAR'S SIGNATURE

Michael G. Galt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Richard A. Norton*

Licensed Embalmer No. *5029*

P. O. Address *mt. View*

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.