

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044650

STATE FILE NUMBER

FILED DEC 16 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 230

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u> | | c. CITY OR TOWN <u>Oronogo</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>103 N. Madison</u> | | d. STREET ADDRESS (If outside, give location) <u>310 Munson St.</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel J. Adams</u> | | 4. DATE OF DEATH Month Day Year <u>Dec. 5, 1958</u> | |
| 5. SEX <u>Male</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>July 16, 1878</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years at birthday) <u>80</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Ill. / USA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles W. Adams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca M. Harter</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Hazel 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>495-01-5310</u> | | 17. INFORMANT <u>Hazel Adams</u> Address <u>310 Munson St. Oronogo, Mo.</u> | |
| 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>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> <u>Unknown</u> |
| 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>4200</u> | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. COUNTY STATE | |
| 21. I attended the deceased from <u>12-5-58</u> to <u>12-5-58</u> and last saw <u>her</u> alive on <u>did not</u> Death occurred at <u>1:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Am. Ferguson</u> M.D. | | 22b. ADDRESS <u>Webb City, Mo.</u> | |
| 22c. DATE SIGNED <u>12-5-58</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Dec. 10-1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | |
| 23d. LOCATION (City, town, or county) <u>Joplin</u> | | 23e. STATE <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Johnston-Arnice-Simpson</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-8-58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | 27. ADDRESS <u>Webb City, Mo.</u> | |

R.M. Ferguson used in Black Ink or Ribbon TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 22 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

Harvey E. Preece

Licensed Embalmer No. *4463*

P. O. Address

Wichita City

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.