

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002435
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4412 Registrar's No. 6

300 /
-57

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, give TOWNSHIP only) Curryville			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Curryville		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS West Highway		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Thomas Middle Euleslie Last Adams				4. DATE OF DEATH Month Jan Day 13 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 9-19-84	9. AGE (In years last birthday) 74	FUNDER 1 YEAR Months 7 Days 4	IF UNDER 24 HRS. Hours 4 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Telephone			10b. KIND OF BUSINESS OR INDUSTRY Telephone-Farming	11. BIRTHPLACE (City and state or country) Frankford Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cash Adams			13b. MOTHER'S MAIDEN NAME Cynthia Turley		14. NAME OF HUSBAND OR WIFE Rosie May Adams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Louie Adams	Address Vandalia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest-Trauma to Heart						INTERVAL BETWEEN ONSET AND DEATH ?	
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)						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.) automobile in which subject was driving was struck by 6 M&O train				
20c. TIME OF INJURY Hour 10:23 a.m. Month JAN Day 13 Year 59			20d. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) 6 M&O RR Tracks				
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒			20f. CITY, TOWN, OR LOCATION Curryville		COUNTY Pike		STATE Mo
21. I attended the deceased from _____, to _____, and last saw him alive on Jan 13 . Death occurred at 10:23 A m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE William B. Waters (Degree or title)				22b. ADDRESS W. Muller Brown Building, Vandalia, Mo.		22c. DATE SIGNED Jan 21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-15-59	23c. NAME OF CEMETERY OR CREMATORIUM Evergreen Memorial		23d. LOCATION (City, town, or county) (State) Vandalia, Mo.		
24. FUNERAL DIRECTOR William B. Waters ADDRESS Vandalia, Mo.				25. DATE RECD. BY LOCAL REG. 1-22-59		26. REGISTRAR'S SIGNATURE Bill Robinson	

(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.

MAR 5 1959

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 *William B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Dandania, M*

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.