

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012909

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 430A

96
300
1-57

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1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Stockton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>526 E. Commercial</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1 Mile West</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DELBERT (NONE) ADAMS</u>			4. DATE OF DEATH Month Day Year <u>April 27, 1959</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>Oct. 16, 1896</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Gover, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elisha C. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Munkus</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Adams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Maggie Adams, Wichita, Kansas</u>		
18. CAUSE OF DEATH (Enter one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable Coronary Occlusion</u> DUE TO (b) <u>UNATTENDED BY A PHYSICIAN</u> DUE TO (c) <u>Likely Alcoholism</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Likely Alcoholism</u>					INTERVAL BETWEEN ONSET AND DEATH <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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11:20 P.M.</u> to <u>4-27-59</u> and last saw her alive on <u>5-5-59</u> Death occurred at <u>50 Springfield, Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James R. Ames, M.D.</u> (Degree or title)			22b. ADDRESS <u>50 Springfield, Mo</u>		22c. DATE SIGNED <u>5-5-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/30/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pankey Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>
24. FUNERAL DIRECTOR <u>Cantlon Fun. Home, Stockton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Mellan</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, or registrar may stamp "no symptoms with death" - No symptoms with death. All diseases in Part I must be causally related.

MAY 14 1968

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 Harold Fxtrell....., Student Embalmer No. 571..... working under my personal supervision.

Student Harold Fxtrell.....
Signature of Student Embalmer

Signed Lee Mason.....

Licensed Embalmer No. 4568.....
P. O. Address Spring field.....

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.