

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016591
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stickler Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) W. Michigan St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Phillip Middle Last Adams			4. DATE OF DEATH Month May Day 26 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1896
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and state or country) Rich Hill, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common labor	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME David William Adams		13b. MOTHER'S MAIDEN NAME Mary James	14. NAME OF HUSBAND OR WIFE XX
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. 490-10-7966	17. INFORMANT Address Mrs. Rosa Kleckinger, Louisiana, 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) myocarditis acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronicitis chronic DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 days 15 yrs
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 12:20 am 5-26-59 - 5-26-59 and last saw ^{her} him alive on 5-26-59 Death occurred at 8:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.O. Stickler MD		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 5-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/59	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery	23d. LOCATION (City, town, or county) (State) Novinger, Mo.
24. FUNERAL DIRECTOR Paul Hartley		25. DATE RECD. BY LOCAL REG. 5-29-1959	26. REGISTRAR'S SIGNATURE Doris W. Rath

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
R.O. STICKLER MD USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George W. Davalt*

Licensed Embalmer No. *4799*
P. O. Address *Embudo, N*

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.