

## DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024629

FILED VS AUG 6 1959

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dent County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem, Missouri</u>		Length of stay in lb <u>5 weeks</u>		c. CITY OR TOWN <u>Salem, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hart Clinic</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East 4th Street, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>N.</u> Last <u>Adams</u>				4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>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>1-9-1899</u>		9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Timber Work</u>		11. BIRTHPLACE (City and state or country) <u>Reynolds County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Phillip Adams</u>				13b. MOTHER'S MAIDEN NAME <u>Mary E. Hinson</u>				14. NAME OF HUSBAND OR WIFE <u>Wanna Gant 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> <u>X</u>				16. SOCIAL SECURITY NO. <u>499-03-6326</u>		17. INFORMANT Address <u>Wanna Gant Adams, Salem, 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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebrovascular Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>4/12/59</u>		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 <u>4/12/59</u> to <u>7/29/59</u> and last saw him alive on <u>7/26/59</u>		Death occurred at <u>9:00PM</u> <u>X</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>B. J. Bass</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Salem Mo</u>				22c. DATE SIGNED <u>7/31/59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 1, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Salem, Missouri</u>		(State)					
24. FUNERAL DIRECTOR <u>SPENCER FUNERAL HOME, SALEM, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>7/31/59</u>		26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M. J. by Ann</u>							

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 237

P. C. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.