URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-038731

STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST BENTON TOWNSHIP — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANS b. COUNTY
c. CITY OR TOWN ATCHISON — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JANE Middle HASKINS Last ADAIR
4. DATE OF DEATH Month 10 Day 9 Year 59
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT. 4, 1916
9. AGE (last birthday) 43
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME PAUL HASKINS
13b. MOTHER'S MAIDEN NAME VIRGINIA W. WOODWARD
14. NAME OF HUSBAND ~~OR WIFE~~ JOHN ADAIR
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. NONE
17. INFORMANT JOHN ADAIR Address ATCHISON, KANS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broken Neck & Crushed Chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Right & Left Femur Crushed.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Two Car accident Jct Hy 60 & A
20c. TIME OF INJURY Hour 6:05 ~~a.m.~~ p.m. Month, Day, Year 10-9-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jct Hy 60 & A
20f. CITY, TOWN, OR LOCATION 5 mi West Seymour — COUNTY Webster — STATE Mo

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at about 6:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Orel Edwards (Degree or title) Coroner
22b. ADDRESS Marshfield Mo
22c. DATE SIGNED 10/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT. 12, 1959
23c. NAME OF CEMETERY OR CREMATORY Vernon Cemetery
23d. LOCATION (City, town, or county) (State) Atchison Co. Kansas
24. FUNERAL DIRECTOR Robert Bergman — ADDRESS Seymour, Mo
25. DATE RECD. BY LOCAL REG. OCT. 10, 1959
26. REGISTRAR'S SIGNATURE Opal M. Goode

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 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 Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield T

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