

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

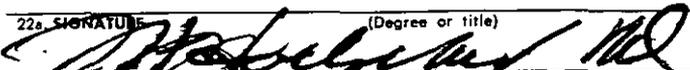
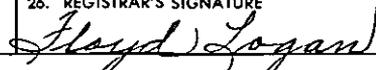
59-043153

FILED VS DEC 9 1959

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6233 Registrar's No. 60

RECEIVED

1. PLACE OF DEATH [*] a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camp Branch twnbsp.		Length of stay in 1b 42 yrs.		c. CITY OR TOWN Truxton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Truxton, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) South of Truxton			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Stanford Last Adams				4. DATE OF DEATH Month Nov. Day 25 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-10-68	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Lincoln County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Adams			13b. MOTHER'S MAIDEN NAME Regelia Owens		14. NAME OF HUSBAND OR WIFE Katherine Barnes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address 8932 Bobb Overland 14, Mo. Mrs. Gus Hoech;			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis							**
DUE TO (c) Senile Dementia							**
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Sep't. 29, 1954 to Nov. 25, 1959 and last saw ^{him} alive on Nov. 25, 1959 Death occurred at 8:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE 				(Degree or title)		22b. ADDRESS Warrenton, Missouri	22c. DATE SIGNED 11-28-59 11/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-59	23c. NAME OF CEMETERY OR CREMATORY PinOak Church Cemetery		23d. LOCATION (City, town, or county) (State) Warren County, Mo.		
24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. Nov. 28, 1959	26. REGISTRAR'S SIGNATURE 	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X

X

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 John Hieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, OR

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.

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