

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002707

FILED VS FEB 10 1960

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 19

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pemiscot		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		a. STATE Missouri		b. COUNTY Pemiscot	
Length of stay in 1b 8 Yrs.		c. CITY OR TOWN Hayti		d. STREET ADDRESS 217 Foster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 Foster Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 217 Foster		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Rosa		Middle Ella		Last Adams		Month Day Year January 27, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/28/81	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Harden County, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bill Piland		13b. MOTHER'S MAIDEN NAME Martha		14. NAME OF HUSBAND OR WIFE Henry Anderson Adams			
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 James H. Adams - Caruthersville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 1b.)	
IMMEDIATE CAUSE (a) Cerebral Vascular Accident		DUE TO (b) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)						20y	
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			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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 3-22-57 , to 1-27-60 and last saw her alive on 1-27-60 Death occurred at 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James H. Adams M.D.				22b. ADDRESS 2235 Third St. N. Mo.		22c. DATE SIGNED 1-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
24. FUNERAL DIRECTOR H.S. Smith Funeral Home - C8ville, Mo.				25. DATE RECD. BY LOCAL REG. 1-29-60		26. REGISTRAR'S SIGNATURE L. Adams	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. Dewey Spike

Licensed Embalmer No. 4484
P. O. Address Caruthersville

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