

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005582

FILED VS FEB 24 1960

Registration District No. 77 Primary Registration District No. 30.16 Registrar's No. 55 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b		c. CITY OR TOWN <u>Jefferson City</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>1943 Hayselton Drive</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1943 Hayselton Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MONT ELLIS ADAMSON</u>			4. DATE OF DEATH Month Day Year <u>February 15, 1960</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>9-15-1922</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Examiner--State of Missouri</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mt. Vernon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clarence Adamson</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Seamons</u>		14. NAME OF HUSBAND OR WIFE <u>Margery Lott Adamson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. II</u>		16. SOCIAL SECURITY NO. <u>497-12-9860</u>		17. INFORMANT Address <u>Mrs. Margery Adamson 1943 Hayselton J.C.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>Respiratory Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple Sclerosis</u> <u>10 yrs.</u> DUE TO (c) <u>Degenerative Central Nervous System Disease</u> <u>10 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> 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 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>March 13, 1954</u> , to <u>Feb. 15, 1960</u> and last saw him alive on <u>Feb. 12, 1960</u> Death occurred at <u>630 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Donald Shull M.D.</u>			22b. ADDRESS <u>521 E. High Jefferson City, Mo.</u>		22c. DATE SIGNED <u>Feb. 15, 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Em. & Bur.</u>		23b. DATE <u>Feb. 17, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		
24. FUNERAL DIRECTOR <u>Victor Buescher</u>		ADDRESS <u>J.C.Mo</u>		25. DATE RECD. BY LOCAL REG. <u>15 February, 1960</u>	
				26. REGISTRAR'S SIGNATURE <u>R.P. Harris Mt. Vernon, Mo. Registrar Dep</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Bueso

Licensed Embalmer No. 370

P. O. Address JCM

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.