

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960 042

160-009926

STATE FILE NUMBER

Registration District No. Primary Registration District No. 1000 Registrar's No. 321

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan				a. STATE Missouri b. COUNTY Clinton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 36 years		c. CITY OR TOWN Plattsburg		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital#2		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED				4. DATE OF DEATH			
First Middle Last Frances Elizabeth (Bessie) Adams				Month Day Year March 12, 1960			
5. SEX Female		6. COLOR OR RACE white		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 8-16-1876	
				9. AGE (last birthday) 83		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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Plattsburg, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Q. Adams		13b. MOTHER'S MAIDEN NAME Charity F. Baney		14. NAME OF HUSBAND OR WIFE ---			
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. unknown		17. INFORMANT Records, State Hospital#2, St. Joseph			
				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occlusion							
DUE TO (b) Generalized arteriosclerosis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Schizophrenic reaction, hebephrenia							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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to 3-12-60 and last saw her alive on never				Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Mary B. Ames, M.D.				21b. ADDRESS St. Joseph, Missouri		21c. DATE SIGNED 3/12/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/12/1960		23c. NAME OF CEMETERY OR CREMATORY Stewartville, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR NE. Summerfield, Stewartville, Mo.				25. DATE RECD. BY LOCAL REG. Mar. 14, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell	

(Licensed Embalmer's Statement on Reverse Side)

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.E. Summerfield

Licensed Embalmer No. 3007

Stewart

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.