

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010431

FILED VS APR 6 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 68

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		c. CITY OR TOWN MALDEN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNKLIN MEMORIAL		d. STREET ADDRESS (If outside, give location) 601 GOLDSMITH	
3. NAME OF DECEASED (Type or print) BETSY ANN ADCOX		4. DATE OF DEATH MARCH 26 1960	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (last birthday) 0
11. BIRTHPLACE (City and state or country) KENNETT, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALFRED ADCOX		13b. MOTHER'S MAIDEN NAME ANN WALDEN	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Alfred Gilbert Malden, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conjunctive Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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) prematurity - 24 hrs.		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 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 Malden, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 3-25-60 to 3-26-60 and last saw her alive on 3-26-60 Death occurred at 8:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Day & Knight (Degree or title)		22b. ADDRESS Malden, Mo.	
22c. DATE SIGNED 3-30-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-30-60	23c. NAME OF CEMETERY OR CREMATORY UNKNOWN	23d. LOCATION (City, town, or county) (State) FAYETTEVILLE N.C.
24. FUNERAL DIRECTOR DAY & KNIGHT, F.H.		25. DATE RECD. BY LOCAL REG. 4-1-1960	
26. REGISTRAR'S SIGNATURE Carl J. Fisher			

(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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 408

P. O. Address Medford

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.