

FILED VS MAR 22 1960

60-011615

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 51

NDED

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>			Length of stay in 1b <u>2 wks.</u>		c. CITY OR TOWN <u>Competition - RURAL</u>		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>6mi. S.E. of Competition</u>		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Lucinda</u> Last <u>Adams</u>				4. DATE OF DEATH Month <u>March</u> Day <u>14</u> Year <u>1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>3-26-79</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Wright County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Chambers</u>			13b. MOTHER'S MAIDEN NAME <u>Lottie Simmons</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Ulys Adams, Competition, 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>Cardiac decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u>Two weeks</u>
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.) <u> </u>		
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>			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.) <u> </u>			20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo.</u>		20g. COUNTY <u>Wright</u>		
20h. STATE <u>Mo.</u>			21. I attended the deceased from <u>February 14, 1960</u> and last saw her alive on <u>Mar. 10, 1960</u> Death occurred at <u>4</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>W. Warrington M. D.</u> (Degree or title)			22b. ADDRESS <u>Lebanon, Mo.</u>			22c. DATE SIGNED <u>3-17-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-17-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McBride Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Laclede County, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. J. Shadel</u>			ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-17-1960</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. May</u>

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 Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address Hartsville,

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