

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

294

6060

60-012175

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

78

NDND

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sugar Creek		Length of stay in 1b Life		c. CITY OR TOWN Moberly		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ratio Middle Orr Last Adams				4. DATE OF DEATH Month March Day 12 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-30-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Randolph County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John A. Adams			13b. MOTHER'S MAIDEN NAME Polly Miller			14. NAME OF HUSBAND OR WIFE Mrs. Minnie 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. 492-42-5485		17. INFORMANT Address Mrs. R. O. Adams RR 1 Moberly			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio sclerosis DUE TO (c) _____ 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						INTERVAL BETWEEN ONSET AND DEATH Few hours D.K.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Huntsville, Mo.		COUNTY _____ STATE _____		
21. I attended the deceased from Jan 2, 1958 , to Dec 24, 1958 and last saw him alive on 12/22/59 Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE P. C. Dreyer M.D. (Degree or title)				22b. ADDRESS Huntsville, Mo.		22c. DATE SIGNED 3/12/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-14-60		23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Moberly Mo.		
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. 3-14-60		26. REGISTRAR'S SIGNATURE P. C. Dreyer		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961 98 8777

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

Marion E. Miller

Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.

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.