

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013844

FILED VS APR 11 1960

Registration District No. 328 Primary Registration District No. 4485- Registrar's No. 15

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Illmo</u>		Length of stay in lb <u>13 yrs</u>	c. CITY OR TOWN <u>Illmo</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>at home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>LINDA CAROL ADAMS</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>29</u> Year <u>1960</u>	
5. SEX <u>Female</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>Apr 5, 1937</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>	9. AGE (last birthday) <u>22</u>
11. BIRTHPLACE (City and state or country) <u>St Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Robert R. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Lee Nagel</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert J. Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Don't know</u>		17. INFORMANT <u>Mrs Kerbl Welch Kealeah, Fla.</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>Multiple Stab Wounds</u> <u>In chest & back</u> 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 <u>15 min or</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Jury Finding Stated by Husband</u> <u>ROBERT J. ADAMS.</u>	
20c. TIME OF INJURY Hour <u>about 7:30</u> a.m. <u>3-29-1960</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>ILLMO</u>
21. I attended the deceased from <u>first call after death</u>		COUNTY <u>SCOTT</u> STATE <u>MO</u>	
21. I attended the deceased from <u>first call after death</u> to <u>after death</u> and last saw her alive on <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lynne Poe</u>		22b. ADDRESS <u>Caronier</u> <u>Sixteen</u> <u>Mo</u>	22c. DATE SIGNED <u>3/31/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 31, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Engelben Lutheran</u> <u>Illmo.</u>	23d. LOCATION (City, town, or county) <u>Illmo.</u> <u>Missouri</u>
24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>Apr 2-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mutual Registering</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 2 1961

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

Oliver P. Smith

Licensed Embalmer No.

4470

P. O. Address

Illmo, 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.