

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS APR 14 1960**

**60-013885**

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 4507 Registrar's No. 10

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Stone County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Crane</b>	Length of stay in 1b <b>6 months</b>	c. CITY OR TOWN <b>Route 1 Marionville</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Franklin</b> Last <b>Adams</b>			4. DATE OF DEATH Month <b>March</b> Day <b>29</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 7, 1882</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>22</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Stone County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A.</b>
13a. FATHER'S NAME <b>J. N. Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Gold</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Adams</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-18-9487</b>	17. INFORMANT Address <b>Ella Adams, (Mrs) Crane, 1 Missouri</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary failure</u> DUE TO (b) <u>myocardial infarction</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>11 hrs</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>		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	
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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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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	COUNTY STATE

21. I attended the deceased from 8-17-57 to 3-25-60 and last saw her <sup>her</sup> <sub>him</sub> alive on 3-25-60  
Death occurred at 5:43 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Marionville, Mo</u>	22c. DATE SIGNED <u>4/1/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 31, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marionville, Missouri.</b>
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24. FUNERAL DIRECTOR <b>Bradford-Surridge</b>	ADDRESS <b>Marionville, Mo</b>	25. DATE RECD. BY LOCAL REG. <u>April 4-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brossman</u>
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(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 William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address Marionville

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.