

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **FILED VS MAY 16 1960**

=60-016302
 STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in lb 3 days		c. CITY OR TOWN Bragg City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Fred Middle Adams Last Adams				4. DATE OF DEATH Month May Day 2 Year 1960			
5. SEX M	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 2-17-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Alabama		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charley Adams			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Onie 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. none		17. INFORMANT Calvin Adams--Bragg City, 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) Cerebral vascular thrombosis DUE TO (b) arteriosclerosis & hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)						INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 2 yrs.	
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 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 30 April 60			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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 30 April 60 to 27 May 60 and last saw him alive on 27 May 60 . Death occurred at on the day stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree Medical) R.S. Smith M.D.				22b. ADDRESS Portageville, Mo.		22c. DATE SIGNED 5-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-4-1960		23c. NAME OF CEMETERY OR CREMATORY Gregory		23d. LOCATION (City, town, or county) (State) Kennett Missouri	
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.				25. DATE RECD. BY LOCAL REG. May 9, 1960		26. REGISTRAR'S SIGNATURE Sp. Linda Adams	

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.