

RIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016555

FILED VS. MAY 13 1960

318

Primary Registration District No. 1003

Registrar's No. 4645

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRISCO HOSPITAL, St. Louis, Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b	c. CITY OR TOWN Oklahoma City, Oklahoma		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Employes Hospital Association		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 331 S.E. 11th Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Albern Last Adcock			4. DATE OF DEATH Month April Day 30 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 8-27-1896	9. AGE (last birthday) 63	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 B. & B. Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Leake Co., Mississippi	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Washington Adcock		13b. MOTHER'S MAIDEN NAME Unknown Vowell		14. NAME OF HUSBAND OR WIFE Agnes Adcock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes N.W.P.I.		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Agnes Adcock Oklahoma City, Oklahoma Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Lymphocytic Leukemia -					INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs
DUE TO (b) Septic Myocardial Obstruction					1 month
DUE TO (c) Decubal Ulcer (Post-operative)					1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2040					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 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 March 4, 1960 to April 30, 1960 and last saw her/him alive on April 30, 1960 Death occurred at 4:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Richard A. Reider MD			22b. ADDRESS Frisco Hwy - Ft. Lou., Mo		22c. DATE SIGNED 4-30-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/30/60	23c. NAME OF CEMETERY OR CREMATORY Resthaven Cemetery	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma.		
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington Blvd,		ADDRESS	25. DATE RECD. BY LOCAL REG. 4-30-1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 I NMC SA

VS JUN 24 1960

VS MAY 18 1960

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 Elmer R. Sade

Licensed Embalmer No. 407

P. O. Address St Louis

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.