

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018137

FILED VS MAY 4 1960 370

STATE FILE NUMBER

INDEXED

Registration District No. 4-1860 Primary Registration District No. 6-258 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. PATTERSON		Length of stay in 1b 4 1/2		c. CITY OR TOWN R.F.D. PATTERSON		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) R.F.D. PATTERSON		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last LAURA ETTIE ADAMS				4. DATE OF DEATH Month Day Year April 29 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/25/1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) MADISON CO.		12. CITIZEN OF WHAT COUNTRY MO.-U.S.A.	
13a. FATHER'S NAME WILLIAM STEPHENS		13b. MOTHER'S MAIDEN NAME MALDA BURNLEY		14. NAME OF HUSBAND OR WIFE RAYMOND ADAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT RAYMOND ADAMS PATTERSON, MO. 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) Dead heart & coronary DUE TO (b) arteriosclerosis DUE TO (c) thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 Apr 28 , to Apr 29 and last saw her alive on Apr 28 . Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. J. Tampa (Deceased or Wife)				22b. ADDRESS Greenville MO		22c. DATE SIGNED 5/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-1-1960		23c. NAME OF CEMETERY OR CREMATORY PATTERSON		23d. LOCATION (City, town, or county) (State) PATTERSON MO.	
24. FUNERAL DIRECTOR GISH FUNERAL HOME		ADDRESS GREENVILLE, MO.		25. DATE RECD. BY LOCAL REG. May 2, 1960		26. REGISTRAR'S SIGNATURE Hetta M. Ward	

(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 Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marion E. Bowles

Licensed Embalmer No. 4426
P. O. Address Chickamauch, Ga.

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.