

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018991

ED VS MAY 31 1960

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 599

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 24 Days		c. CITY OR TOWN Humansville		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) RFD#3		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First LULU Middle Jane Last ADAMS				4. DATE OF DEATH Month May Day 21 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 25 April 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Ray		13b. MOTHER'S MAIDEN NAME Mary Thompson		14. NAME OF HUSBAND OR WIFE Deceased			
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. Unknown		17. INFORMANT Address Bruce Adams Humansville, 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) Pulmonary Embolism, Multiple 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 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Esophagus - 3 mos						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 ☐	20b. SUICIDE ☐	20c. HOMICIDE ☐	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. 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 4/27/60 to 5/21/60 and last saw her alive on 5-21-60 Death occurred at 10:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. Callaway Jr MD (Degree or title)		22b. ADDRESS 1211 S. Glenstone Springfield, Missouri		22c. DATE SIGNED 5-25-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/24/60	23c. NAME OF CEMETERY OR CREMATORY Plum Grove Cemetery		23d. LOCATION (City, town, or county) Polk County, Missouri		(State)	
24. FUNERAL DIRECTOR Beckwith Funeral Home		ADDRESS Humansville, Mo.		25. DATE RECD. BY LOCAL REG. 5-26-60		26. REGISTRAR'S SIGNATURE E. E. & M. Melton	

(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

Max Shodor

Licensed Embalmer No. 407

P. O. Address Princeton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.