

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

=60-034371

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1023 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in lb 82		c. CITY OR TOWN Springfield		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1447 N Rogers Street			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1447 N Rogers St.		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Julia Middle V Last Adams				4. DATE OF DEATH Month Oct' Day 7 Year 1960				
5. SEX Female		6. COLOR OR RACE Negro		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH April 6 1878		
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐		IF UNDER 24 HR Months ☐ Days ☐ Hours ☐ Min. ☐				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Springfield Mo'		
12. CITIZEN OF WHAT COUNTRY U S A								
13a. FATHER'S NAME George Gimlin			13b. MOTHER'S MAIDEN NAME Sara Winton			14. NAME OF HUSBAND OR WIFE Walter 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.			17. INFORMANT Address Walter Adams 1447 N Rogers Ave'		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio - Renal Disease 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	
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 1955 to Oct. 7, 1960 and last saw her alive on Oct. 6, 1960 Death occurred at 4:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Lyman D. Brown M.D. (Degree or title)				22b. ADDRESS 311 1/2 College		22c. DATE SIGNED 10/10/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE OCT 10 1960		23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial		23d. LOCATION (city, town, or county) (State) Springfield Mo'		
24. FUNERAL DIRECTOR H V Smith 602 N Jefferson St. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-12-60		26. REGISTRAR'S SIGNATURE Effie S. Meeton		

(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

Herbert V. Smith

Licensed Embalmer No.

4280

P. O. Address

Spring

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.