

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042990

FILED VS NOV 29 1960

DED

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 63

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                            |  |                                                                                                                      |                                                                                      |                                                                                                                                                             |                                                                       |                                                                                      |                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pemiscot</b>                                                                                                                                                                                                                                                             |  |                                                                                                                      |                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>                 |                                                                       |                                                                                      |                                                                                                                                                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Little Prairie</b>                                                                                                                                                                                                                 |  | Length of stay in 1b<br><b>X</b>                                                                                     |                                                                                      | c. CITY OR TOWN <b>Caruthersville</b>                                                                                                                       |                                                                       | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                                                                      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>R. 1 Caruthersville</b>                                                                                                                                                                                                  |  |                                                                                                                      | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                                                             | d. STREET ADDRESS (If outside, give location)<br><b>R. R. 1</b>       |                                                                                      | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>William</b> Middle <b>Arlton</b> Last <b>Adams</b>                                                                                                                                                                                                      |  |                                                                                                                      |                                                                                      | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>9,</b> Year <b>1960</b>                                                                                        |                                                                       |                                                                                      |                                                                                                                                                                      |  |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                      |  | 6. COLOR OR RACE<br><b>White</b>                                                                                     |                                                                                      | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |                                                                       | 8. DATE OF BIRTH<br><b>8-17-08</b>                                                   |                                                                                                                                                                      |  |
| 9. AGE (last birthday)<br><b>52</b>                                                                                                                                                                                                                                                                        |  | IF UNDER 1 YEAR<br>Months <b>52</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>                                       |                                                                                      | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>                                                                                                              |                                                                       |                                                                                      |                                                                                                                                                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>                                                                                                                                                                                              |  |                                                                                                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                  |                                                                                                                                                             | 11. BIRTHPLACE (City and state or country)<br><b>Batspring, Tenn.</b> |                                                                                      | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                         |  |
| 13a. FATHER'S NAME<br><b>W. G. Adams</b>                                                                                                                                                                                                                                                                   |  |                                                                                                                      | 13b. MOTHER'S MAIDEN NAME<br><b>Liddie Manies</b>                                    |                                                                                                                                                             |                                                                       | 14. NAME OF HUSBAND OR WIFE<br><b>Clara Adams</b>                                    |                                                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)                                                                                                                                                                                                |  |                                                                                                                      | 16. SOCIAL SECURITY NO.                                                              |                                                                                                                                                             | 17. INFORMANT<br>Address                                              |                                                                                      |                                                                                                                                                                      |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Broken Neck</b><br>DUE TO (b) <b>Run over by automobile</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>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)<br><b>Internal Injuries</b>                                                                                                                                              |  |                                                                                                                      |                                                                                      |                                                                                                                                                             |                                                                       |                                                                                      | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                          |  | 20a. ACCIDENT <input checked="" 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.)<br><b>Run over by automobile on Highway</b>                    |                                                                       |                                                                                      |                                                                                                                                                                      |  |
| 20c. TIME OF INJURY<br><b>5:25 P.M.</b>                                                                                                                                                                                                                                                                    |  | Hour <b>11-9-60</b> Month, Day, Year                                                                                 |                                                                                      |                                                                                                                                                             |                                                                       |                                                                                      |                                                                                                                                                                      |  |
| 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.)<br><b>State Highway #84</b>  |                                                                                      | 20f. CITY, TOWN, OR LOCATION<br><b>R. 1 Caruthersville, Pemiscot, Mo.</b>                                                                                   |                                                                       | COUNTY <b>Pemiscot</b> STATE <b>Mo.</b>                                              |                                                                                                                                                                      |  |
| 21. I attended the deceased from <b>5:25 P.M.</b> to <b>her</b> and last saw him alive on <b>the date stated above, and to the best of my knowledge, from the causes stated.</b>                                                                                                                           |  |                                                                                                                      |                                                                                      |                                                                                                                                                             |                                                                       |                                                                                      |                                                                                                                                                                      |  |
| 22a. SIGNATURE<br><i>James G. Osburn</i> (Degree or title) <b>Coroner</b>                                                                                                                                                                                                                                  |  |                                                                                                                      |                                                                                      | 22b. ADDRESS<br><b>Wardell, Mo.</b>                                                                                                                         |                                                                       | 22c. DATE SIGNED<br><b>11-9-60</b>                                                   |                                                                                                                                                                      |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                 |  | 23b. DATE<br><b>11-11-60</b>                                                                                         |                                                                                      | 23c. NAME OF CEMETERY<br><b>Little Prairie</b>                                                                                                              |                                                                       | 23d. LOCATION (City, town, or county) (State)<br><b>Caruthersville, Mo.</b>          |                                                                                                                                                                      |  |
| 24. FUNERAL DIRECTOR<br><b>Osburn Funeral Home</b> ADDRESS <b>Hayti, Mo.</b>                                                                                                                                                                                                                               |  |                                                                                                                      |                                                                                      | 25. DATE RECD. BY LOCAL REG.<br><b>11-12-60</b>                                                                                                             |                                                                       | 26. REGISTRAR'S SIGNATURE<br><i>Jack W Tipton</i>                                    |                                                                                                                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

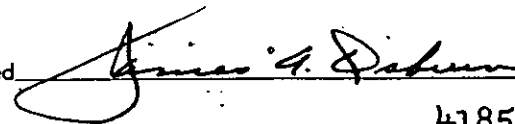
BY AFFIDAVIT OF

**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



Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

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.