

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-000135
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 14

RITE TUB
AMENDED FILED VS FEB 3 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Bates</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Bates</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>107 N. Austin</u>		c. CITY OR TOWN <u>Butler</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>107 N. Austin</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Robert</u>	Middle <u>B.</u>	Last <u>Adams</u>	Month <u>January</u>	Day <u>23</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1882</u>	9. AGE (last birthday) <u>78</u>
IF UNDER 1 YEAR Months		IF UNDER 24 HR Hours Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Bates Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jake Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Martha</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Blanch Adams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>500 10 7878</u>	17. INFORMANT <u>Herbert Adams Butler, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Myocardial Infarction</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Chronic Nephritis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Columnar Fibillation</u>		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 a.m. p.m.	Month, Day, Year	
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 Jan 1 1955 to 1-23-61 and last saw him alive on 1-20-61
Death occurred at Jan 23 1961 7am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. P. Hansen MD</u>	(Degree or title)	22b. ADDRESS <u>Butler Mo</u>	22c. DATE SIGNED <u>1-23-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-23-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>	23d. LOCATION (City, town, or county) <u>Bates Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>Culver-Underwood</u>	ADDRESS <u>Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN. 23-1961</u>	26. REGISTRAR'S SIGNATURE <u>Herbert Adams</u>
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(Licensed Emballer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

TYPE-WATER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Robert B. Stuenkel

Licensed Embalmer No. 4657

P. O. Address Butte, 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.