

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1961

-61-000832

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 1

AMENDED

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Pacific Mo</i>		c. CITY OR TOWN <i>Pacific Mo.</i>	
Length of stay in 1b <i>6 mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>Tr. Court on Hwy 66.</i>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Donald</i> Middle <i>Don</i> Last <i>Adams</i>			4. DATE OF DEATH Month <i>Jan</i> Day <i>15</i> Year <i>1961</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>May 11 1937</i>	9. AGE (last birthday) <i>23</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanic operator</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Cupples Products</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
13a. FATHER'S NAME <i>Wm. H. Adams</i>	13b. MOTHER'S MAIDEN NAME <i>Stella Lee</i>	14. NAME OF HUSBAND OR WIFE <i>Andrew Lee Adams</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>James Adams Gray Summit</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Burning*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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 <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 18a) <i>Subject was trapped in</i>
20c. TIME OF INJURY Hour <i>5:30</i> a.m. Month, Day, Year <i>1/15/61</i>		

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.) <i>Home (trailer)</i>	20f. CITY, TOWN, OR LOCATION <i>Pacific</i>	COUNTY <i>Franklin</i>	STATE <i>Mo.</i>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.

Death occurred at *5:30 P.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. D. Sturckel</i>	(Degree or title)	22b. ADDRESS <i>Lawrence Union Mo</i>	22c. DATE SIGNED <i>1/15/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>1-17-61</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial</i>	23d. LOCATION (City, town, or county) <i>Pacific</i>	(State) <i>Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs. John L. Pette</i>	ADDRESS <i>Pacific Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Jan. 17-1961</i>	26. REGISTRAR'S SIGNATURE <i>Mary B. Gross</i>
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(Licensed Embalmer's Statement on Reverse Side)

TELEPHONE NO. _____

DATE AMENDED _____

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____

INSTEAD OF _____

DOCUMENT _____

MEDICAL CERTIFICATION _____

BY AFFIDAVIT OF _____

SHOULD READ _____

ITEM NO. _____

TYPEWRITER RIBBON _____

FEB 1 1961

APR 4 1961

APR 2 1961

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 _____

Body was not embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.