SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001810

STATE FILE NUMBER

...MENT OF PUBLIC HEALTH AND WELFARE

FILED VS FEB 6 1961

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 39

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF " DOCUMENT

1. PLACE OF DEATH
   a. COUNTY: Jasper
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
   Length of stay in 1b: 50 yrs
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McCune-Brooks hospital
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Jasper
   c. CITY OR TOWN: Carthage
   Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 743 W. Central Ave
   Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LUTHER Middle Last ADAMS

4. DATE OF DEATH: Month Day Year: Feb. 1, 1961

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-25-1872

9. AGE (last birthday): 88

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Dallas Co, Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Hannah Sanders 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.: 500-09-3711A

17. INFORMANT: Buster Adams, Address: 2021 Broadway, Carthage, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Terminal Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: about 4 days
   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): Senility
   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 1/29/61, to 2/1/61 and last saw ~~xx~~ him alive on 2/1/61
   Death occurred at 10:15 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W Russell Smith (Degree or title) M.D.

22b. ADDRESS: Chestnut & Howard Sts Carthage, Mo

22c. DATE SIGNED: 2-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 2-4-61

23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery

23d. LOCATION (City, town, or county) (State): Carthage, Mo

24. FUNERAL DIRECTOR ADDRESS: KNELL MORTUARY Carthage, Mo

25. DATE RECD. BY LOCAL REG.: 2-4-61

26. REGISTRAR'S SIGNATURE: Elf Clinton

(Licensed Embalmer's Statement on Reverse Side)

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 H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.