

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002320

FILED VS
AMENDED

JAN 30 1961

231

Primary Registration District No. 4343

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Florence</u>		c. CITY OR TOWN <u>New Florence</u>	
Length of stay in 1b <u>11 Days</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Willa</u> Middle <u>Elsie</u> Last <u>Adams.</u>		4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7-20-1887</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>73</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>	
11. BIRTHPLACE (City and state or country) <u>Montgomery Co Mo., U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John F. DeGarmo</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Matilda Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Jack Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>491-289706</u>		17. INFORMANT <u>Jack Adams Bellflower Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Intestinal Obstruction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>Carcinoma - Primary in Colon & Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7-11-60</u> <u>8-11-60</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition & Secondary Anemia</u>		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 <u>2:10</u> a.m. <u>11</u> p.m. <u>11</u> Month, Day, Year <u>July 11, 1960</u>	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 <u>Montgomery City, Mo</u>	
20g. COUNTY <u>Bellflower Mo</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>July 11, 1960</u> to <u>Jan 25, 1961</u> and last saw her <u>live on Jan 25, 1961</u> Death occurred at <u>2:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. T. Andersen, M.D.</u>		22b. ADDRESS <u>Montgomery City, Mo</u>	
22c. DATE SIGNED <u>1/27/61</u>		22d. LOCATION (City, town or county) <u>Bellflower Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-28-1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bellflower</u>		23d. LOCATION (City, town or county) <u>Bellflower Mo</u>	
24. FUNERAL DIRECTOR <u>Oland A. Jones Bellflower Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-61</u>	
26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,
or by One, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Ca

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.