MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961 AMENDED

Registration District No. 231 Primary Registration District No. 4343 Registrar's No. 4

-61-002320 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: New Florence — Length of stay in 1b: 11 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Own Home — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Willa Middle: Elsie Last: Adams.

4. DATE OF DEATH: Month: January Day: 25 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-20-1887
9. AGE (last birthday): 73 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: General Duties
11. BIRTHPLACE (City and state or country): Montgomery Co Mo,
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John F.DeGarmo
13b. MOTHER'S MAIDEN NAME: Mary Matilda Foster
14. NAME OF HUSBAND OR WIFE: Jack Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

7. INFORMANT: Address: Jack Adams Bellflower 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): Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Carcinomatosis — 7-11-60
DUE TO (c): Carcinoma-Primary in Colon + Stomach — 8-11-60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition + Secondary Anemia

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 July 11, 1960 to Jan 25, 1961 and last saw her alive on Jan 25, 1961
Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E.J.T. Anderson, M.D.
22b. ADDRESS: Montgomery City Mo
22c. DATE SIGNED: 1/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-28-1961
23c. NAME OF CEMETERY OR CREMATORY: Bellflower
23d. LOCATION (City, town, or county) (State): Bellflower Mo

24. FUNERAL DIRECTOR ADDRESS: Oland A.Jones Bellflower Mo.
25. DATE RECD. BY LOCAL REG.: 1-27-61
26. REGISTRAR'S SIGNATURE: Laura B Calloway

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Alan L. 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.