

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008304

STATE FILE NUMBER

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 244B

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 20 1961

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SPRINGfield

Length of stay in 1b

12 hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BURGE Protestant

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

WRIGHT

admission)

c. CITY
OR TOWN

MANsfield

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
GLADYS Fern Adell4. DATE
OF DEATHMonth Day Year
MAR. 7 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐

8. DATE OF BIRTH

Aug. 17, 1903

9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

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

11. BIRTHPLACE (City and state or country)

Black Rock ARK.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Perk MASON

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

EARL

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.

338-20-2642

17. INFORMANT

EARL Adell

Address

MANsfield MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sept acute pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

4 days

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

DUE TO (b)

Cor Pulmonale

3 year

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☐ Unknown19. 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
INJURYHour
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 March 7, 1961 to March 7, 1961 and last saw him alive on March 7, 1961
Death occurred at 11:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Earl R. Adell MD

22b. ADDRESS

600 S. Glenview, Springfield

22c. DATE SIGNED

3-9-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

MAR. 7, 1961

23c. NAME OF CEMETERY OR CREMATORY

MANsfield

23d. LOCATION (City, town, or county)

MANsfield

(State)

MO.

24. FUNERAL DIRECTOR

Max L. Muller

ADDRESS

MANsfield MO.

25. DATE RECD. BY LOCAL REG.

3-13-61

26. REGISTRAR'S SIGNATURE

Effie S. Melton

(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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Marionfield 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.