

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013171

STATE FILE NUMBER

FILED APR 20 1961

Primary Registration District No.

Registrar's No.

34

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dent County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Reynolds Co.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri		Length of stay in 1b		c. CITY OR TOWN Bunker, Missouri		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Gus Nash Home Mo. INSTITUTION 508 E. D Street Salem		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Bunker, Missouri		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last William Quinley Adams				4. DATE OF DEATH Month Day Year April 16, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Sept. 15, 1881	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Reynolds, Co.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Monroe Adams		13b. MOTHER'S MAIDEN NAME Rebecca Finnison		14. NAME OF HUSBAND OR WIFE Elzina Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X		17. INFORMANT Gus Nash, 508 E.D. St. Salem, 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) Cerebrovascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis 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						INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
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 March 1961 to 4/16/61 and last saw him alive on His 61st Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. J. Bass, MD		(Degree or title)		22b. ADDRESS Salem Mo		22c. DATE SIGNED 4/17/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-18-1961		23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) (State) Reynolds Co. Missouri	
24. FUNERAL DIRECTOR Spencer Funeral Home		ADDRESS Salem, Mo.		25. DATE RECD. BY LOCAL REG. 4/18/61		26. REGISTRAR'S SIGNATURE M. M. Clark M.D. <i>but</i>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

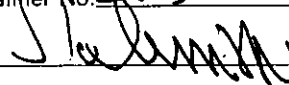
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 2370

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.