MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-014805
STATE FILE NUMBER

AMENDED

Registration District No. 39 4 Primary Registration District No. _____ Registrar's No. 93

FILED APR 18 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lesterville — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION general delivery — Inside Limits Yes # No ☐

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

3. NAME OF DECEASED (Type or print) First JAMES Middle WALTER Last ADAMS
4. DATE OF DEATH Month Mar. Day 28 Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married # Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 6 1876
9. AGE (last birthday) 84 — IF UNDER 1 YEAR: Months # Days 22 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lesterville Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James P. Adamsfield
13b. MOTHER'S MAIDEN NAME Mary Campbell
14. NAME OF HUSBAND OR WIFE ##
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Elvie Rayfield, Black Mo. Address

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) [illegible] — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) [illegible] — 7
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 ☐ 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 3-14-61, to 3-28-61 and last saw ~~her~~ him alive on 3-29-61
Death occurred at 2.05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD — 22b. ADDRESS Ironton Mo. — 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 3-30-61 — 23c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery — 23d. LOCATION (City, town, or county) Lesterville Mo. (State)

24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG. apl 11 - 1961
26. REGISTRAR'S SIGNATURE Elma Jones

(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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.