

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-020354

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

415

FILED JUL 10 1961

1. PLACE OF DEATH

a. COUNTY

Boone

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

Columbia

Length of stay in 1b

23 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONUniversity of Missouri
Medical Center

Inside Limits

Yes ☒ No ☐

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

a. STATE

MO

b. COUNTY

Lawrence

c. CITY
OR TOWN

Aurora

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

415 Washington

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

Presnel

Adams

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12-30-93

9. AGE (last birthday)

67

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)

UNKNOWN Farmer

10b. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (City and state or country)

Barry County Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Cass Adams

13b. MOTHER'S MAIDEN NAME

Adeline Presnel

14. NAME OF HUSBAND OR WIFE

UNKNOWN

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

UNKNOWN

16. SOCIAL SECURITY NO.

552-16-0097

17. INFORMANT

Hospital Record by M.M.C.

Address

Columbia

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

7 days

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

DUE TO (b)

DUE TO (c)

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

Diabetes mellitus

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 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 6-30-61 to 7-1-61 and last saw him alive on 7-1-61
Death occurred at 6:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Harold Hattley M.D.

22b. ADDRESS

University Med Center Columbia

22c. DATE SIGNED

7-1-61

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-8-61

23c. NAME OF CEMETERY OR CREMATORY

Maple Park

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

Aurora, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lynant Sprinkle, Columbia Mo

25. DATE RECD. BY LOCAL REG.

July 2 1961

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer - 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

Lyman H. Spruick

Licensed Embalmer No. 4013

P. O. Address Columbia, S.C.

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.