

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028335

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

554

FILED SEP 11 1961

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>           |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Columbia, Missouri</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | c. CITY OR TOWN <u>Cape Girardeau</u>                                                                                                                       |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>University of Mo. Med Center</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | d. STREET ADDRESS (If outside, give location)<br><u>Route 1 Bend Road</u>                                                                                   |                                    |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Farris</u> Middle <u>Everette</u> Last <u>Adams</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 4. DATE OF DEATH<br>Month <u>9</u> Day <u>7</u> Year <u>61</u>                                                                                              |                                    |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-17-17</u> |
| 9. AGE (last birthday)<br><u>44</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | IF UNDER 1 YEAR<br>Months <u>44</u> Days <u>44</u> Hours <u>44</u> Min. <u>44</u>                                                                           |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Carpenter</u>                                                                                                       |                                    |
| 11. BIRTHPLACE (City and state or country)<br><u>OKLAHOMA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S.</u>                                                                                                                 |                                    |
| 13a. FATHER'S NAME<br><u>Robert Adams</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Neal</u>                                                                                                             |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><u>Stella Adams</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes 1945 one yr.</u>                      |                                    |
| 16. SOCIAL SECURITY NO.<br><u>491-07-3979</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 17. INFORMANT<br><u>University of Mo. Medical Records</u>                                                                                                   |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <u>Melanotic Sarcoma</u><br>Conditions, if any, which gave rise to above cause--(a), stating the underlying cause--last?<br>DUE TO (b) <u>Retinulum cell Sarcoma</u><br>DUE TO (c) <u>1 mo.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 mo.</u><br><u>6 mo.</u>                                                                                            |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                   |                                    |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | 20c. TIME OF INJURY<br>Hour <u>12:30</u> a.m. <u>am</u> Month, Day, Year <u>9-7-61</u>                                                                      |                                    |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 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 <u>6-30-61</u> to <u>9-7-61</u> and last saw him alive on <u>9-7-61</u><br>Death occurred at <u>12:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | 22a. SIGNATURE (Degree or title)<br><u>Frank L. Matill, M.D.</u>                                                                                            |                                    |
| 22b. ADDRESS<br><u>Univ. Mo. Med Center</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 22c. DATE SIGNED<br><u>9-7-61</u>                                                                                                                           |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 23b. DATE<br><u>9-7-61</u>                                                                                                                                  |                                    |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Cape Girardeau</u> <u>MO</u>                                                                            |                                    |
| 24. FUNERAL DIRECTOR<br><u>Parber Funeral Service</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Sept 7 1961</u>                                                                                                          |                                    |
| 26. REGISTRAR'S SIGNATURE<br><u>Mrs R.E. Palmer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                             |                                    |

(Licensed Embalmer's Statement on Reverse Side)

SEP 14 1967

**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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.