MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-031743
STATE FILE NUMBER

AMENDED

FILED SEP 20 1961

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax
Length of stay in 1b: 3 wks
c. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospt
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Atchison
c. CITY OR TOWN Tarkio
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ELIZABETH Middle: AMELIA Last: McADAMS
4. DATE OF DEATH Month Day Year: September 2, 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/20/1873
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months 2 Days 12
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Lima, Ohio.
12. CITIZEN OF WHAT COUNTRY: U.S
13a. FATHER'S NAME: Frank Woods
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Charles M. McAdams
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.: none
17. INFORMANT: Charles L. McAdamas Address: Tarkio, Mo.

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) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac decompensation, pulmonary edema
DUE TO (c) Arteriosclerotic cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH
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 6/26/1952, to 9/2/61 and last saw her alive on 9/2/61
Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): O. J. Niedermeyer, M.D.
22b. ADDRESS: Tarkio, Mo.
22c. DATE SIGNED: 9/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/6/61
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county) (State): Tarkio, Mo.
24. FUNERAL DIRECTOR: Davis Funeral Home ADDRESS: Tarkio, Mo.
25. DATE RECD. BY LOCAL REG.: Sept 17, 1961
26. REGISTRAR'S SIGNATURE: Marvin N. Schooler

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Frost A. Browning

Signature of Student Embalmer

Licensed Embalmer No. 3338

P.O. Address Tarkio, 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.