

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031897

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1021

STATE FILE NUMBER

FILED OCT 16 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

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

St. Joseph

Length of stay in lb

Most Life

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

a. STATE Missouri b. COUNTY Buchanan

c. CITY
OR
TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

422 1/2 No. 6th St.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

422 1/2 No. 6th St.

Reside on Farm

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

First

HAZEL

Middle

IRENE

Last

ADAMS

4. DATE
OF
DEATH

Month

October

Day

6

Year

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/23/1902

9. AGE (last birthday)

59

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)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Bertrand Nebraska

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Carl A. Samuelson

13b. MOTHER'S MAIDEN NAME

Amelia Kenney

14. NAME OF HUSBAND OR WIFE

Mr. Charles Harold Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

506-12-0509

17. INFORMANT

Mr. Charles Harold Adams

Address

422 1/2 No. 6th St.

St. Joseph, 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)

Unattended Death - Apparent natural Causes.

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

DUE TO (b)

DUE TO (c)

Investigated by City Health Dept.

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 ☐ 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 _____, to _____, and last saw her alive on _____.

Death occurred at _____ 1:00 P _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

City Health Officer

St. Joseph, Mo.

22c. DATE SIGNED

10-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/9/61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

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

St. Joseph

Missouri

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 12, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1962

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.