

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Ossman

61-032263

STATE FILE NUMBER

AMENDED

Registration District No. 77  
**FILED OCT 16 1961**

Primary Registration District No. 3016

Registrar's No. 295

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in 1b <u>26yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1214 Moreau Drive</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u> c. CITY OR TOWN <u>Jefferson City, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1214 Moreau Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Sallie</u> Middle <u>Joe</u> Last <u>Adams</u>			<b>4. DATE OF DEATH</b> Month <u>Oct</u> Day <u>4</u> Year <u>1961</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Feb-9-74</u>	<b>9. AGE (last birthday)</b> <u>87</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Arno, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Samuel Turner</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Lyon</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>J. Morgan Adams</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <u>Elinor Kavanaugh, Jefferson City, Mo</u> Address _____		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Iron deficiency anemia</u>						INTERVAL BETWEEN ONSET AND DEATH _____
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>20g. COUNTY</b> _____		<b>20h. STATE</b> _____		
<b>21. I attended the deceased from</b> <u>Apr 1959</u> to <u>Oct 4-61</u> and last saw her alive on <u>Oct 2-1961</u> Death occurred at <u>6:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <u>Dr. Ossman MD</u>			<b>22b. ADDRESS</b> <u>Jefferson City, Mo</u>		<b>22c. DATE SIGNED</b> <u>10-6-61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>23b. DATE</b> <u>10-6-61</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Ava Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Ava, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Gideon N. Houser, Jeff City, Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>6 October 1961</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>R.P. Harris, MD - Richter Sp.</u>		

1961 OCT 1 100 5A

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 Bill McLaughlin, Student Embalmer No. 620  
working under my personal supervision.

Student Bill McLaughlin  
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City,

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.