

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033946
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 390

AMENDED

FILED OCT 11 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp.		Length of stay in 1b	c. CITY OR TOWN FESTUS MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteopathic Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 810 JOACHIM ST.	
3. NAME OF DECEASED (Type or print) First FRED Middle J. Last ADOLPH			4. DATE OF DEATH Month OCT. Day 7 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-21-04	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JEWELER		10b. KIND OF BUSINESS OR INDUSTRY JEWELRY STORE		11. BIRTHPLACE (City and state or country) IRONTON, MO.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME HENRY ADOLPH		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ETHEL ADOLPH		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.	
17. INFORMANT MRS. ETHEL ADOLPH		Address 810 JOACHIM ST. FESTUS, 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) Ventricular fibrillation DUE TO (b) Myocardial infarction DUE TO (c) Precipitated by Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH? 30 days unknown 8 days	
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m.		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 October 7-1961 to October 7 1961 and last saw ^{her} him alive on October 7th - 7th Death occurred at 8:10 Pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W A Rabbying Old			22b. ADDRESS First Power Mo		22c. DATE SIGNED 10/8/61
23a. BURIAL, CREMATION, REMOVAL (Specify) 10-10-61		23b. DATE ROSE LAWN	23c. NAME OF CEMETERY OR CREMATORY CRYSTAL CITY, MO.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR James R. Cady		ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. Oct 8, 1961	26. REGISTRAR'S SIGNATURE Esther Rudloff

OCT 18 1961

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

James Richard Cady

Licensed Embalmer No. 4309

P. O. Address. CRYSTAL 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.