

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

761-040904  
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5587

1. PLACE OF DEATH  
a. COUNTY **Jackson County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) **Independence, Mo.** Length of stay in 1b **Lifetime**

c. CITY OR TOWN **Independence** Inside Limits Yes  No

d. STREET ADDRESS **RR # 3** (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Thomas** Middle **J** Last **Adams**

4. DATE OF DEATH Month **Nov.** Day **7** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White**

7. Married  Never Married  Widowed  Divorced  Never Marr.

8. DATE OF BIRTH **9/18/1872** 9. AGE (last birthday) **89**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**

10b. KIND OF BUSINESS OR INDUSTRY **FARMING**

11. BIRTHPLACE (City and state or country) **JACKSON CO., MO.**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Nelson Adams** 13b. MOTHER'S MAIDEN NAME **Mary Watkins**

14. NAME OF HUSBAND OR WIFE **NONE**

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. **NONE**

17. INFORMANT Address **RR 3 Jackson Co. Hospital K.C 39, 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) **Cerebral vascular thrombosis** INTERVAL BETWEEN ONSET AND DEATH **approx 10 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral arteriosclerosis** **unknown**

DUE TO (c) **Generalized atheros and arteriosclerosis** **unknown**

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 **October 14 - 61** to **11-7-61** and last saw <sup>her</sup>him alive on **November 5 - 61**

Death occurred at **9:PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **110901 Winner Rd.** 22c. DATE SIGNED **11-9-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **11-10-61** 23c. NAME OF CEMETERY OR CREMATORY **SALEM CEMETERY** 23d. LOCATION (City, town, or county) (State) **JACKSON COUNTY, MO.**

24. FUNERAL DIRECTOR ADDRESS **GEO. C. CARSON & SONS, INDEPENDENCE, MO.** 25. DATE RECD. BY LOCAL REG. **11-8-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF **W. Woodward**

Dr. Woodward.

PL 2-0352

**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 R. Fernan Patterson

Licensed Embalmer No. 4697

P. O. Address Indy, 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.