

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041408

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 544

STATE FILE NUMBER

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin				Length of stay in 1b 1 day		c. CITY OR TOWN Webb City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 221 West 2nd St.	
3. NAME OF DECEASED (Type or print) First Marjorie Middle Adamson Last Adamson				4. DATE OF DEATH Month November Day 8, Year 1961			
5. SEX Female		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 12-29-1896	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 64 Days 64		IF UNDER 24 HR Hours 64 Min. 64			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Everton, Missouri	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME J. Frank Carlock				13b. MOTHER'S MAIDEN NAME Susan Hembree		14. NAME OF HUSBAND OR WIFE Don O. Adamson	
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 Don O Adamson 221 W. 2nd St. Webb City, 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) Coronary Thrombosis							
INTERVAL BETWEEN ONSET AND DEATH 20 hrs							
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"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 8:55 a.m. A Month, Day, Year 10-13-55							
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.) 1		20f. CITY, TOWN, OR LOCATION Webb City, Missouri		COUNTY Webb STATE Missouri	
21. I attended the deceased from 10-13-55 to 11-8-61 and last saw her alive on 11/7/61 . Death occurred at 8:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Edm. Ferguson (Degree or title) M.D.				22b. ADDRESS Webb City, Missouri		22c. DATE SIGNED 11-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-10-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Webb City, Missouri	
24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 11-21-1961		26. REGISTRAR'S SIGNATURE Dore Merriam	

(Licensed Embalmer's Statement on Reverse Side)

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 Blayton M. Johnson

Licensed Embalmer No. 4304

P. O. Address Webb 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.