

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045234

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 588

AMENDED

FILED DEC 18 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 15 yrs		c. CITY OR TOWN Joplin		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 217 N. Wall St.		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First MACK Middle LANDRUM Last ADAIR				4. DATE OF DEATH Month December Day 7 , Year 1961			
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 7-26-1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 72 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Industry		11. BIRTHPLACE (City and state or country) Vinita, Okla.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John W. Adair			13b. MOTHER'S MAIDEN NAME Nan Landrum		14. NAME OF HUSBAND OR WIFE Mildred (McCoy) Adair		
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. Unk		17. INFORMANT Address Mrs. Mildred Adair, 217 N. Wall Street		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure							INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shock							3 days
DUE TO (c) Large Bowel paralytic ileus							3 days
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 3:45 a.m. AM Month, Day, Year 11-20-61		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 Joplin, Missouri	
20g. COUNTY		20h. STATE		20i. DATE SIGNED 12-8-61			
21. I attended the deceased from 11-20-61 to 12-7-61 and last saw him alive on 12-6-61 Death occurred at 3:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) B. E. DeLoach, M.D.			
22b. ADDRESS DeTar Clinic, 410 Jackson				22c. NAME OF CEMETERY OR CREMATORY Landrum Cemetery, South of Vinita, Oklahoma			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-9-1961		23c. LOCATION (City, town, or county) Joplin, Missouri		23d. STATE Missouri	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI				25. DATE RECD. BY LOCAL REG. 12-10-1961		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 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 ROBERT A YORK, Student Embalmer No. 631
working under my personal supervision.

Student Robert A. York
Signature of Student Embalmer

Signed Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Applins, 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.