

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045537

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 2042 Registrar's No. 78

AMENDED

FILED JAN 4 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Madison</u>  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fredericktown</u> Length of stay in 1b <u>3 days</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>  c. CITY OR TOWN <u>Coldwater Post Office 20 miles S. of Fredericktown</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Elias</u> Middle <u>Butler</u> Last <u>Adams</u>			<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>26</u> Year <u>1961</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>3/20/1870</u>	<b>9. AGE (last birthday)</b> <u>91</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>farmer - retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Wayne County, Missouri</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>U.S.A.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>John Adams</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jane Driver</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Dora Adams (Deceased)</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Orney Adams - Coldwater, Missouri</u>		

<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>Cerebral hemorrhage</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>  DUE TO (c) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>  <u>years</u>  <u>years</u>
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

<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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input 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>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>Dec 23, 1961</u> to <u>Dec 26, 1961</u> and last saw <u>him</u> alive on <u>Dec 26, 1961</u> Death occurred at <u>5:30</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.							

<b>22a. SIGNATURE</b> (Degree or title) <u>Charles E. Michaelis M.D.</u>			<b>22b. ADDRESS</b> <u>Fredericktown, Missouri</u>		<b>22c. DATE SIGNED</b> <u>12-28-61</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>12-28-1961</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Barrett Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Wayne County, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>A. Adamson Fredericktown, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-29-1961</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Therence Hicks</u>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 *St. Pearson*

Licensed Embalmer No. 435

P. O. Address FREDERICKTOWN

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.