

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001084

Dr. H. Silsby

Registration District No. 128
FILED JAN 29 1962

Primary Registration District No. 2000

Registrar's No. 123

STATE FILE NUMBER

AMENDED

DATE AMENDED
 7
 7
 2
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Length of stay in lb 31 MOS.		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1106 LINWOOD CIRCLE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1106 LINWOOD CIRCLE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD C. ADAM				4. DATE OF DEATH Month Day Year JAN. 20 1962			
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 11/30/09	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY HILL MFG. CO.		11. BIRTHPLACE (City and state or country) CEDAR VALE, KANSAS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME LOUIS ADAM			13b. MOTHER'S MAIDEN NAME EFFIE CLAIR			14. NAME OF HUSBAND OR WIFE MARIE A. ADAM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 2				17. INFORMANT Address MRS. MARIE ADAM, SPRINGFIELD, 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) <i>Possible Myocardial infarction 2 hours</i> DUE TO (b) <i>Coronary occlusion 2 hours</i> DUE TO (c) <i>Arteriosclerotic vascular disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 a.m. p.m. Month, Day, Year	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 <i>Springfield Greene, Mo.</i>	
21. I attended the deceased from <i>May 27 '61</i> to <i>Jan 20 '62</i> and last saw him alive on <i>Sept 9 '61</i> . Death occurred at <i>12:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>H. Silsby M.D.</i>				22b. ADDRESS <i>609 Cherry</i>		22c. DATE SIGNED <i>Jan 22 '62</i>	
23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		23b. DATE 1/23/62	23c. NAME OF CEMETERY OR CREMATORY CEDAR VALE CEMETERY		23d. LOCATION (City, town, or county) (State) CEDAR VALE, KANSAS		
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. 1-22-62		26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>	

JAN 29 1962

FEB 1 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. L. McQueen*

Licensed Embalmer No. 2727

P. O. Address *Appl. 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.