MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001084
STATE FILE NUMBER

Dr. H. Silsby
Registration District No. 128 Primary Registration District No. 200 Registrar's No. 123
FILED JAN 29 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b: 31 MOS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1106 LINWOOD CIRCLE
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1106 LINWOOD CIRCLE Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD Middle C. Last ADAM

4. DATE OF DEATH: Month JAN. Day 20 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
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) YES (If yes, give war or dates of service) W.W. # 2
16. SOCIAL SECURITY NO.: 509-10-6963
17. INFORMANT Address: MRS. MARIE ADAM, SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Possible Myocardial infarction	2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	2 hours
DUE TO (c)	Arteriosclerotic Vascular disease	

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 Springfield COUNTY Greene STATE Mo.

21. I attended the deceased from May 27 '61 to Jan 20 '62 and last saw him alive on Sept 9 '61
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H.H. Silsby MD
22b. ADDRESS: 609 Cherry
22c. DATE SIGNED: Jan 22 62

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: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 H L McCann

Licensed Embalmer No. 2327

P. O. Address Mayfield Miss

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.