

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002442

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 1

AMENDED

FILED JAN 17 1962

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River Twp	Length of stay in 1b 20 Yrs	c. CITY OR TOWN Salt River Twp	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 M East La Plata		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Same
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First BARNEY Middle OWEN Last ADAMS	4. DATE OF DEATH Month Jan Day 4 Year 1962
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 16 09	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 1 Days 18 Hours --- Min. ---	IF UNDER 24 HR Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Sam Adams	13b. MOTHER'S MAIDEN NAME Nannie Lackey	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. II	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Nannie L. Bowen Novelty Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary vascular disease DUE TO (b) arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Jan 4 - 1962 Jan 4 - 1962
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.)
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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
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21. I attended the deceased from Jan 4 1962 to Jan 4 1962 and last saw him alive on Jan 4 1962 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE (Degree or title) E. O. Holmes D.D.	22b. ADDRESS Novelty, Missouri	22c. DATE SIGNED 1/4/62
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 1/6/62	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	23d. LOCATION (City, town, or county) (State) Kirkville, Missouri
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24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.	25. DATE RECD. BY LOCAL REG. Jan - 14 - 1962	26. REGISTRAR'S SIGNATURE Neil S. Hunsaker
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

FEB 27 1962

FEB 27 1962

death certificate not requested

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 *Kenneth M. Wilson*

Licensed Embalmer No. *H 701*
P. O. Address *La Plata 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.