

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005378

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 66

STATE FILE NUMBER

AMENDED

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Murder</u>		c. CITY OR TOWN <u>Mexico</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>813 E. Breckenridge</u>		d. STREET ADDRESS (If outside, give location) <u>813 E. Breckenridge</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGIA ANN ADAMS</u>		4. DATE OF DEATH Month Day Year <u>Mar. 7 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>May 22 1910 62 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maide</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Andrew</u>	
11. BIRTH PLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Breckenridge</u>	
14. NAME OF HUSBAND OR WIFE <u>James Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Arthur Adams, Mexico, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
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		COUNTY STATE	
21. I attended the deceased from <u>12-14-62</u> , to <u>3-7-62</u> and last saw her alive on <u>3-6-62</u> Death occurred at <u>4 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Q. B. Doolittle, DO.</u>		22b. ADDRESS <u>Mexico, Mo.</u>	
22c. DATE SIGNED <u>3-8-62</u>		22d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 9-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Clonewood</u>		23d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 9-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Blanche Keely</u>			

(Licensed Embalmer's Statement on Reverse Side)

Permit obtain
mar 9-1

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 Harold Warren, Student Embalmer No. 651
working under my personal supervision.

Student Harold Warren
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbus, 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.