

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006024

STATE FILE NUMBER

AMENDED

Registration District No. 99

Primary Registration District No.

Registrar's No.

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stewartsville		c. CITY OR TOWN Stewartsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LUCILE Middle ATHENA Last ADAMS		4. DATE OF DEATH Month Feb. Day 27 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1/7/1911
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months 8 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attn. State Hosp.		10b. KIND OF BUSINESS OR INDUSTRY #2	
11. BIRTHPLACE (City and state or country) Stewartsville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Randall Flinn		13b. MOTHER'S MAIDEN NAME Luella Worden	
14. NAME OF HUSBAND OR WIFE Paul H. Adams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 476-42-4742		17. INFORMANT Mrs. Harry Peters, Stewartsville 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) Uremia DUE TO (b) metastatic Carcinoma DUE TO (c) 19 mos. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 days	
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 8:20 a.m. A Month, Day, Year Feb. 27, 1962	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 Stewartsville, Mo.	
20g. COUNTY Dekalb		20h. STATE Mo.	
21. I attended the deceased from 1960 to Feb. 27, 1962 and last saw her alive on Feb. 27, 1962 Death occurred at 8:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. Perry (Degree or title)		22b. ADDRESS Stewartsville, Mo.	
22c. DATE SIGNED 2-28-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3/2/1962		23c. NAME OF CEMETERY OR CREMATORY Stewartsville	
23d. LOCATION (City, town, or county) Stewartsville, Mo.		24. FUNERAL DIRECTOR W. E. Summerfield, Stewartsville, Mo	
25. DATE RECD. BY LOCAL REG. 3-1-62		26. REGISTRAR'S SIGNATURE Hertie E. Davidson	

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 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

W. E. Gummigues

Licensed Embalmer No. 3007

P. O. Address

Stuartsville, 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.