

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-009816**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **37**

Primary Registration District No. **5085**

Registrar's No. **6/**

**FILED MAR 19 1962**

VS 300  
Rev. 4/59

1 **0070**  
2 **0070**  
3  
4 **0**  
5 **2**  
6  
7 **1**  
8 **0**  
9 **331X**  
10  
11  
12 **90-2**  
13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                                  |   |                                      |
|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>                    |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Amsterdam</b>   |                                  | Length of stay in 1b<br><b>2 months</b>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>R#1, Box 102</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>NEALY MARTIN ADDISON</b>   |                                  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>2</b> Year <b>1962</b>  |                                      |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-13-1875</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Miner</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>   |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>Simpson Co., Kentucky</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |                                      |
| 13a. FATHER'S NAME<br><b>John Richard Addison</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mildred Pope</b>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Bessie Lee Addison</b>  |                                  | 15-1951   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |                                      |
| 17. INFORMANT<br><b>Mrs. Earl Williamson, Amsterdam, Missouri</b>   |                                  | Address   |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br><b>Arterio Sclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b><br>DUE TO (c) <b>Senility</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.)<br><b>Senility</b>   |                                  | 20c. TIME OF INJURY<br>Hour <b>12:28 P.M.</b> Month, Day, Year <b>Jan. 10, 1962</b>   |                                      |
| 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.)<br><b>Jan. 10, 1962</b>  |                                      |
| 20f. CITY, TOWN, OR LOCATION<br><b>Amaret, Missouri</b>   |                                  | COUNTY <b>Missouri</b> STATE <b>Missouri</b>  |                                      |
| 21. I attended the deceased from <b>Jan. 10, 1962</b> to <b>March 2, 1962</b> and last saw him alive on <b>March 1, 1962</b><br>Death occurred at <b>12:28 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |                                      |
| 22a. SIGNATURE<br><b>W. X. Schuster, D.O.</b>   |                                  | 22b. ADDRESS<br><b>Amaret, Missouri</b>   |                                      |
| 22c. DATE SIGNED<br><b>3-3-62</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                      |
| 23b. DATE<br><b>3-4-1962</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Welborn Cemetery</b>   |                                      |
| 23d. LOCATION (City, town, or county)<br><b>Moundville</b>  |                                  | 23e. STATE<br><b>Missouri</b>   |                                      |
| 24. FUNERAL DIRECTOR<br><b>Ferry Funeral Home</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-13-62</b>  |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>Norman Jean Wilson</b>  |                                  | 27. ADDRESS<br><b>Nevada, Missouri</b>  |                                      |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Healed 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.