

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011559

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 196

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

79
6499
20490

3

4 0

5 1

6

7 1

8 0

9 4200

10

11

12 3-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Joplin

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. John's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Oronogo

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route #1

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Clyde

Middle

Last Adams

4. DATE OF DEATH

Month March

Day 31

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-18-1890

9. AGE (last birthday)

71

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)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Empire, Kansas

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Silas Leonard Adams

13b. MOTHER'S MAIDEN NAME

Nellie Leak

14. NAME OF HUSBAND OR WIFE

Dorothy Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

527-10-4696

17. INFORMANT

Mrs. Dorothy Adams, Oronogo, Missouri

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

IMMEDIATE CAUSE (a)

Cerebral Apoplexy

INTERVAL BETWEEN ONSET AND DEATH

such

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Intense heart 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 Month, Day, Year
a.m. p.m.

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

8/30/62 to 3-31-1962

and last saw him alive on 3/31/62

Death occurred at

12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-2-1962

23c. NAME OF CEMETERY OR CREMATOR

Oronogo, Cemetery

23d. LOCATION (City, town, or county)

Oronogo

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

108 Range Line

25. DATE RECD. BY LOCAL REG.

4-6-1962

26. REGISTRAR'S SIGNATURE

Dove Merriam

Mason Chapel and Mortuary Joplin, Mo.

(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 _____

Lee Mass

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.