MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013369
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1086

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO.
Length of stay in 1b: 5 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADMINISTRATION HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: JERSEY
c. CITY OR TOWN: JERSEYVILLE
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 709 W. PEARL STREET
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First THOMAS Middle GRIMES Last ADAMS
4. DATE OF DEATH: Month 4 Day 4 Year 62
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-26-81
9. AGE (last birthday): 80
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): SHOE WORKER
10b. KIND OF BUSINESS OR INDUSTRY: SHOE MANUFACTURE
11. BIRTHPLACE (City and state or country): HADENSVILLE, KENTUCKY
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: RICHARD ADAMS
13b. MOTHER'S MAIDEN NAME: MAGGIE SANDFORD
14. NAME OF HUSBAND OR WIFE: DELLA ADAMS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. DELLA ADAMS, 709 PEARL ST. Address: JERSEYVILLE ILL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (c) ARTERIOSCLEROSIS, GENERAL
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 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/VA attended the deceased from 3-30-62, to 4-4-62 and last saw him alive on XXXXXXXXXX
Death occurred at 8:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): W. OPPLER, Chief of Staff, M.D.
22b. ADDRESS: VA HOSP. JEFF. BRKS. MO.
22c. DATE SIGNED: 4-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-4-62
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county): Jersey Ville (State) Illinois
24. FUNERAL DIRECTOR: Jacoby Bros ADDRESS: Jersey Ville, Ill
25. DATE RECD. BY LOCAL REG.: 4-4-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D. Vn

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 4356

P. O. Address St Louis 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.