

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016244

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 177

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sedalia</u>                  |  | c. CITY OR TOWN <u>Dresden</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>Jct. 50 Highway &amp; C</u>   |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>MABEL</u> Middle <u>SALLEY</u> Last <u>ADAMS</u> | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>28</u> Year <u>1962</u> |
|--|---|

|                      |                               |   |                                  |                                  |  |  |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/3/1901</u> | 9. AGE (last birthday) <u>61</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Cafe Owner</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Restaurant</u> | 11. BIRTHPLACE (City and state or country)<br><u>Warsaw, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
|--|--|---|---|

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|--|---|---|
| 13a. FATHER'S NAME<br><u>Charles P. Kays</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Carrie Townes</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Unknown</u> |
|--|---|---|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Mrs. Roy H. Atkins, Rt. 1, Liberty, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 1/2 hrs</u>   |
| IMMEDIATE CAUSE (a) <u>Intracerebral haemorrhage into the left cerebral hemisphere</u>  | DUE TO (c) <u>atherosclerosis of cerebral vessels</u> |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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.) |
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|   |                        |
|---|------------------------|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
|---|------------------------|

|  |  |  |                          |
|--|--|--|--------------------------|
| 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<br><u>Warsaw, Mo.</u> | COUNTY _____ STATE _____ |
|--|--|--|--------------------------|

21. I viewed the deceased as permer  
Death occurred at 5:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                   |  |                                    |
|---|-------------------|--|------------------------------------|
| 22a. SIGNATURE<br><u>Chas. Gordon Stauffer MD</u> | (Degree or title) | 22b. ADDRESS<br><u>Cormer, Pettis Co</u> | 22c. DATE SIGNED<br><u>4-28-62</u> |
|---|-------------------|--|------------------------------------|

|  |                              |  |   |
|--|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>5/1/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Turkey Creek Chapel</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Rural Warsaw, Benton Co., Mo.</u> |
|--|------------------------------|--|---|

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><u>John F. Reser</u> | ADDRESS<br><u>Warsaw, Missouri</u> | 25. DATE RECD. BY LOCAL REG.<br><u>April 30, 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Frances Shelby</u> |
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 15 1962  
JUN 19 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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.