

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-82-016432

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 32

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED APR 17 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Ripley</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u> Length of stay in lb <u>10 days</u></p>		<p>c. CITY OR TOWN <u>Doniphan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Hestora</u> Middle <u>Adams</u> Last <u>Adams</u></p>		<p>4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1962</u></p>	
<p>5. SEX <u>Female</u></p>		<p>6. COLOR OR RACE <u>White</u></p>	
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <u>2-19-1872</u></p>	
<p>9. AGE (last birthday) <u>90</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Min.</p>		<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Ripley County, Mo.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>M. S. A.</u></p>		<p>13a. FATHER'S NAME <u>Daniel Patterson</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Laurcine Hart</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Roy Adams</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	
<p>17. INFORMANT <u>Roy Adams</u> Address <u>Doniphan Mo.</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:</p>	
<p>IMMEDIATE CAUSE (a) <u>Uremia</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u></p>	
<p>DUE TO (b) <u>Nephrosis</u></p>		<p><u>1 yr</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u></p>	
<p>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</p>		<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>6/15/61</u> to <u>4/1/62</u> and last saw her <u>him</u> alive on <u>4/1/62</u> Death occurred at <u>7:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>Edw. R. Birchard, M.D.</u></p>		<p>22b. ADDRESS <u>Doniphan, Mo.</u></p>	
<p>22c. DATE SIGNED <u>4/1/62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>April 3, 1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMAJORY <u>Price Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Ripley County, Mo.</u></p>		<p>24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u> ADDRESS <u>Doniphan, Mo.</u></p>	
<p>25. DATE RECD. BY LOCAL REG <u>4-3-62</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Flava Broz</u></p>	

Permit issued 4-3-62
Nov 13
J.B.

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 Ronald B. Sloan

Licensed Embalmer No. 5127

P. O. Address Doniphan, 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.