

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019734

STATE FILE NUMBER

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 27

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 5 1962	
1. PLACE OF DEATH a. COUNTY Oregon b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer Length of stay in 1b 70 years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Oregon c. CITY OR TOWN Thayer Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jennie Middle May Last Adams:	
4. DATE OF DEATH Month May Day 30 Year 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1886
9. AGE (last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Cisne, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William L. Henthorn	13b. MOTHER'S MAIDEN NAME Emma Frago
14. NAME OF HUSBAND OR WIFE Darrell D. Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none	
17. INFORMANT Chester Adams, Thayer, Missouri Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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.) _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	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 _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ 6:00 P. _____, to _____ and last saw her _____ alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>A. Walker M.D.</i> (Degree or title)	22b. ADDRESS <i>Mammoth Spring Ark</i>
22c. DATE SIGNED 5/31/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-1-1962
23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	
23d. LOCATION (City, town, or county) Thayer, Missouri (State)	
24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo. ADDRESS _____	25. DATE RECD. BY LOCAL REG. 6-2-62
26. REGISTRAR'S SIGNATURE <i>Roy S. Kladen Per AH</i>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Edward Carter*

Licensed Embalmer No. 4516

P. O. Address West Plains, 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.

Permit Permit Not Allowed - Both per BSA.