

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019762

FILED MAY 25 1962 267

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
Length of stay in 1b 20 years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 Forster		d. STREET ADDRESS (If outside, give location) 105 Forster	
3. NAME OF DECEASED (Type or print) First Minnie Middle Ola Last ADAMS		4. DATE OF DEATH Month 5 Day 15 Year 62	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-18-1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 2 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Piggott, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Lack		13b. MOTHER'S MAIDEN NAME Lucindia (Unknown)	
14. NAME OF HUSBAND OR WIFE Henry 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. 498-14-3640		17. INFORMANT Betty Mitchel, Hayti, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) HCU DUE TO (c) ASVD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2-3 min	
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 2-29-60 a.m. 1:00 PM 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 Hayti, Missouri	
20g. COUNTY Hayti, Missouri		20h. STATE Missouri	
21. I attended the deceased from 2-29-60 to 5-15-62 and last saw her alive on 5-14-62 Death occurred at 1:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) John W. German	
22b. ADDRESS Hayti, Missouri		22c. DATE SIGNED 5-16-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-18-62	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn Cemetery	23d. LOCATION (City, town, or county) Hayti, Missouri
24. FUNERAL DIRECTOR John W. German Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 5/18/62	
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan			

(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 John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.

Embalment obtained.
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