

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023614
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 115

FILED JUN 25 1962

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 2 Yrs.	c. CITY OR TOWN Webb City Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 N. Webb St.		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 401 N. Webb St. Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Lizzie Middle Adams Last Adams		4. DATE OF DEATH Month June Day 20 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH No Data
9. AGE (last birthday) 79		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) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) No Data
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME No Data	
13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE No Data	
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 Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Myocardial Decompensation DUE TO (c) ? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH ?
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 attended the deceased from 6-19-62 to 6-20-62 and last saw her alive on 6-19-62 Death occurred at 6:30 am 6-20-62 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. M. Berry</i>	(Degree or title) MD	22b. ADDRESS Webb City Mo	22c. DATE SIGNED 6-22-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/23/1962	23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	23d. LOCATION (City, town, or county) (State) Purcell Missouri
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 6-23-62	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ.

DOCUMENT

BY AFFIDAVIT OF
H. BART-S. MEYER

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 Richard H. Lewis

Licensed Embalmer No. 4400

P. O. Address Webb City, 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.