

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026670

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128  
FILED AUG 14 1962

Primary Registration District No.

2000

Registrar's No.

1216

VS 300  
Rev. 4/59

10397

20397

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
Length of stay in 1b <b>28 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1031 E. Portland</b>		d. STREET ADDRESS (If outside, give location) <b>1031 E. Portland</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Florence</b> Middle <b>E.</b> Last <b>Adams</b>		4. DATE OF DEATH Month <b>August</b> Day <b>8</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>August 26, 1903</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months <b>58</b> Days <b>58</b> Hours <b>58</b> Min. <b>58</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Monett, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A.</b>	
13a. FATHER'S NAME <b>J. L. Hobbs</b>		13b. MOTHER'S MAIDEN NAME <b>Ida M. Rittenhouse</b>	
14. NAME OF HUSBAND OR WIFE <b>Joe S. Adams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-44-3849</b>	
17. INFORMANT <b>Joe S. Adams, Springfield, Missouri.</b>		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) <b>Arteriosclerotic Heart Disease</b> DUE TO (b) <b>Coronary Artherosclerosis</b> DUE TO (c) <b>Hypertensive Vascular Disease</b> 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) <b>Cerebral Thrombosis</b>		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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>NONE</b>	
20c. TIME OF INJURY Hour <b>NONE</b> a.m. <b>NONE</b> 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 <b>Springfield, Mo.</b>	
20g. COUNTY <b>Greene</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>1954</b> to <b>August 8, 1962</b> and last saw her alive on <b>August 8, 1962</b> Death occurred at <b>2:00 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. I. Park, M.D.</b>		22b. ADDRESS <b>609 Cherry, Springfield, Mo.</b>	
22c. DATE SIGNED <b>8/10/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug. 8, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Aurora, Missouri</b>			
24. FUNERAL DIRECTOR <b>Bradford-Surridge</b>		25. DATE RECD. BY LOCAL REG. <b>8-13-62</b>	
ADDRESS <b>Marionville, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>	

(Licensed Embalmer's Statement on Reverse Side)

W.I. Park  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 13 1963  
JUL 11 1963

# 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 William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address Marionville, 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 issued Aug 8, 1962