

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030803

STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 4233 Registrar's No. 117

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 24 1962

VS 300
Rev. 4/59

2470

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia		Length of stay in 1b 6 yrs	c. CITY OR TOWN Arcadia Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Delivery		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) General Delivery Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) BEVERLY CAROL ADAMS			4. DATE OF DEATH Month August Day 15 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6 Mar. 1950
9. AGE (last birthday) 12		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) Student		10b. KIND OF BUSINESS OR INDUSTRY grade school	11. BIRTHPLACE (City and state or country) Ironton, Missouri
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Lyle Adams	
13b. MOTHER'S MAIDEN NAME Ellen Elizabeth Pruitt		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT Lyle Adams Address Arcadia, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchopneumonia			3 days
DUE TO (b) Cerebrospinal neoplasm			10 months
DUE TO (c) Intramedullary brain stem tumor			About 10 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			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"/>	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 <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 <u>3-7-62</u> to <u>8-15-62</u> and last saw ^(her) him alive on <u>August 15, 1962</u>		Death occurred at <u>10:10</u> A. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. W. De Vore, D.C.</u> (Degree or title)		22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED 8-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 17 Aug 1962	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park	23d. LOCATION (City, town, or county) (State) Ironton, Missouri
24. FUNERAL DIRECTOR <u>White Funeral Home</u> ADDRESS	25. DATE RECD. BY LOCAL REG. 8-17-62	26. REGISTRAR'S SIGNATURE <u>Maie Aris Jones</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MS AUG 24 1962

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

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.