

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041521

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 159

STATE FILE NUMBER

FILED NOV 29 1962

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Monett</u>		c. CITY OR TOWN <u>Purdy</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>St. Vincent's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>W.</u> Last <u>Aderhold</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Sept 3-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Postmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Latimer Kans.</u>	
11a. FATHER'S NAME <u>Clarence W. Aderhold</u>		11b. MOTHER'S MAIDEN NAME <u>Ellen Frances Richardson</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>World War I</u>		12b. SOCIAL SECURITY NO. <u>481-03-5124</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>Dorothy Aderhold</u>	
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 <u>9:00</u> a.m. p.m. Month, Day, Year <u>11-17-62</u>	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 <u>Purdy, Mo.</u>	
21. I attended the deceased from <u>11-17-62</u> to <u>11-22-62</u> and last saw her/him live on <u>11-22-62</u> Death occurred at <u>9:00</u> <u>A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>F. L. Edwards MD</u>	
22b. ADDRESS <u>Monett Mo</u>		22c. DATE SIGNED <u>11-24-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 25-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Purdy, Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Purdy, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>11-25-62</u>	
23f. FUNERAL DIRECTOR <u>Bennett-Warmington, Monett Mo.</u>		23g. REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 12 1966

NOV 30 1962
DEC 5 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

Richard Bennett

Licensed Embalmer No. 4213

P. O. Address Memphis 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.