

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041645

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No. 1367

FILED DEC 12 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Ravenwood Missouri	
Length of stay in lb 2 Days		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If outside, give location) 	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last Clara Belle Adcock		4. DATE OF DEATH Month Day Year November 30 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-5-1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 7 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) Clyde, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John W. Woods		13b. MOTHER'S MAIDEN NAME Sophia Swearingen	
14. NAME OF HUSBAND OR WIFE Coy Adcock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or No known) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Coy Adcock		Address Ravenwood, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal bronchial pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 or 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerotic cardiovascular renal disease e convalescence from CVA, with			Undetermined
DUE TO (c) left hemiplegia			
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. 11-29-62	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 316 North 10th, St. Joseph, Mo.	
20g. COUNTY Ravenwood, Missouri		20h. STATE Missouri	
21. I attended the deceased from 11-29-62 to 11-30-62 and last saw her alive on 11-30-62 Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm B. Rost M.D.		22b. ADDRESS 316 North 10th, St. Joseph, Mo.	
22c. DATE SIGNED 12-5-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-3-1962	23c. NAME OF CEMETERY OR CREMATORY Sweet Home Cemetery	23d. LOCATION (City, town, or county) (State) Ravenwood, Missouri
24. FUNERAL DIRECTOR Johnson Funeral Home Stanberry, Missouri		25. DATE RECD. BY LOCAL REG. Dec. 10, 1962	
26. REGISTRAR'S SIGNATURE Wm Clark Goodell			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 Charles Dean Allen, Student Embalmer No. 671
working under my personal supervision.

Student Charles Dean Allen
Signature of Student Embalmer

Signed Ross Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry, 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.