

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-042144**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 106 Primary Registration District No. 5420 Registrar's No. 9

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Rev. 4/59

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ITEM NO.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. <b>FILED NOV 26 1962</b><br>COUNTY <b>Dunklin</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Dunklin</b>                  |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Holcomb</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | c. CITY OR TOWN <b>Holcomb</b>                                                                                                                           |                                      |
| Length of stay in lb <b>10 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                        |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Residence</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | d. STREET ADDRESS (If outside, give location) <b>RFD #1</b>                                                                                              |                                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>BENJAMIN</b> Middle <b>EDWARD</b> Last <b>ADAMS</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>17</b> Year <b>1962</b>                                                                                     |                                      |
| 5. SEX<br><b>male</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><b>white</b>                                                                          | 7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-14-1897</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 11. BIRTHPLACE (City and state or country)<br><b>Piggott, Ark.</b>                                                                                       |                                      |
| 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                             |                                      |
| 13a. FATHER'S NAME<br><b>Samuel Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Ellen Loyd Adams</b>                                                                                                     |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Anna Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes WWI</b>                               |                                      |
| 16. SOCIAL SECURITY NO.<br><b>495-28-5133</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 17. INFORMANT<br><b>Anna Adams</b> Address <b>Holcomb, Mo. RFD #1</b>                                                                                    |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b><br>DUE TO (b) <b>Coronary Arteriosclerosis</b><br>DUE TO (c) <b>Generalized Arteriosclerosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Previous Cerebral thrombosis 1959.</b> |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH:<br><b>10 minutes</b><br><b>5 years</b><br><b>Unknown</b>                                                               |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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.)<br><b>9/12/1962</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 20f. CITY, TOWN, OR LOCATION<br><b>Holcomb, Missouri</b>                                                                                                 |                                      |
| 21. I attended the deceased from <b>8:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                            |                                                                                                           | 22. SIGNATURE <b>Charles R. Cook M.D.</b> (Degree or title)                                                                                              |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | 23b. DATE<br><b>Nov. 19, 1962</b>                                                                                                                        |                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Loyd Cemetery</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | 23d. LOCATION (City, town, or county) (State)<br><b>Holcomb, Missouri</b>                                                                                |                                      |
| 24. FUNERAL DIRECTOR<br><b>Landess Funeral Home, Campbell, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>11-21-1962</b>                                                                                                        |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>J. Anderson</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | 27. DATE SIGNED<br><b>11/20/1962</b>                                                                                                                     |                                      |

NOV 30 1962

DEC 7 1962

NOV 28 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 Christine L. Beall

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.