

-63-004981

STATE FILE NUMBER

AMENDED

Registration District No. 369 Primary Registration District No. 4338 Registrar's No. 1

FILED FEB 11 1963

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.	SHOULD READ
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**USE BLACK INK
OR
TYPEWRITER RIBBON**

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Piedmont</u>		c. CITY OR TOWN <u>Piedmont</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>122 W Elm</u>		d. STREET ADDRESS (If outside, give location) <u>122 W Elm</u>	
3. NAME OF DECEASED (Type or print) First <u>Jewel</u> Middle <u>Adams</u> Last <u>Adams</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>11-30-1889</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoosekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and state or country) <u>Carter Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Barney C Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Maryna Carter</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles A. Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr Charles A. Adams</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun suicide</u> DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> PART III. If deceased was female was there a pregnancy in last 90 days ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH	
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.) <u></u>		20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></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.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u>Piedmont, Mo</u>		COUNTY <u>Wayne</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>9-2-62</u> to <u>1-29-63</u> and last saw her alive on <u>1-29-63</u> Death occurred at <u>3:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Heileen M P</u>	
22b. ADDRESS <u>Piedmont, Mo</u>		22c. DATE SIGNED <u>1-30-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-31-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		23d. LOCATION (City, town, or county) (State) <u>Piedmont Mo</u>	
24. FUNERAL DIRECTOR <u>William Coker</u>		25. DATE RECD. BY LOCAL REG. <u>2-3-63</u>	
26. REGISTRAR'S SIGNATURE <u>Sheila Louvain</u>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 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 Cedar Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Cochran

Licensed Embalmer No.

3723

P. O. Address

Piedmont, 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.