

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010355

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

199

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia Missouri

Length of stay in 1b

7 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Boone County Hospital

Inside Limits

as ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

RANDOLPH

admission)

c. CITY

OR

TOWN

MOBERLY

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

510 ROBERTS

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

HENRY

DOYLE

ADAMS

Last

DATE

OF

DEATH

Month

MAR

Day

14

Year

1963

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-24-1878

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WABASH ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (City and state or country)

EVANSVILLE MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE W. ADAMS

13b. MOTHER'S MAIDEN NAME

MAGGIE GROVE

14. NAME OF HUSBAND OR WIFE

MILDRED ADAMS

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.

703-01-2565

17. INFORMANT

MILDRED ADAMS MOBERLY, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic tumor spinal cord

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary site undetermined

DUE TO (c)

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

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. Month, Day, Year

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

COUNTY

STATE

21. I attended the deceased from

3-7-63

to

3-14-63

and last saw him alive on

3-14-63

Death occurred at

6:42

p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Roland P. Jadenon MD

22b. ADDRESS

Columbia, Mo.

22c. DATE SIGNED

4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/17/63

23c. NAME OF CEMETERY OR CREMATORY

SUNSET HILL MADISON MO

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

MILLIE G. GREER MOBERLY, MO.

25. DATE RECD. BY LOCAL REG.

Mar 15, 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MAR 21 1963

MAR 28 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.