MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-014598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6121 Registrar's No. 182 STATE FILE NUMBER

FILED MAR 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Boat Comm

1	1010
2	1010
3	
4	1
5	1
6	
7	0
8	2
9	975X
10	72
11	
12	90-3
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Birch Tree — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Shannon
c. CITY OR TOWN: Birch Tree Rt. 1 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Pearl Middle: May Last: Adams
4. DATE OF DEATH: Month: March Day: 7 Year: 1963
5. SEX: F.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/17/21
9. AGE (last birthday): 41 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Summersville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James E. Cooley
13b. MOTHER'S MAIDEN NAME: Mary Ann Patterson
14. NAME OF HUSBAND OR WIFE: Howard E. 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.: yes
17. INFORMANT — Address: Howard E. Adams Rt. 1 Birch Tree, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): SUFFOCATED
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): DROWNING
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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. 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank W Jones Coroner
22b. ADDRESS: Eminence Mo
22c. DATE SIGNED: 3-11-1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/10/63
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem.
23d. LOCATION (City, town, or county) (State): Birch Tree, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 3-17-63
26. REGISTRAR'S SIGNATURE: Mabel Roll

(Licensed Embalmer's Statement on Reverse Side)

To Coroner: 9: A.M. 3/9/63

Rec'd from Dr. 2:45 P.M. 3/13/63

To Local Registrar: 2:50 P.M. 3/13/63

APR 1 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 Charles D. Martin

Licensed Embalmer No. 5107

P. O. Address Mexico, 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.