

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

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
 Rev. 4/59
 1010
 21010
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 4 1
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 975X
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED MAR 19 1963		1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Birch Tree</u>		Length of stay in 1b		c. CITY OR TOWN <u>Birch Tree Rt. 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>Mary</u> Last <u>Adams</u>			4. DATE OF DEATH Month <u>March</u> Day <u>7</u> Year <u>1963</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/17/21</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Summersville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James E. Cooley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Patterson</u>	
14. NAME OF HUSBAND OR WIFE <u>Howard E. Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Howard E. Adams</u>		Address <u>Rt. 1 Birch Tree, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUFFOCATED</u> DUE TO (b) <u>DROWNING</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Hour <u> </u> a.m. / 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.)		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) <u>Frank W. Jones, Coroner</u>			22b. ADDRESS <u>Emmence 5MO</u>		22c. DATE SIGNED <u>3-11-1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/10/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Birch Tree, Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-17-63</u>	26. REGISTRAR'S SIGNATURE <u>Moche Raal</u>

USE BLACK INK
 OR
 TYPEWRITER RIBBON

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. Cartain

Licensed Embalmer No.

5107

P. O. Address

W. L. Lewis, 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.