

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016422

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 219

STATE FILE NUMBER

FILED APR 29 1963

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| VS 300 Rev. 4/59 | DATE AMENDED | |
| 1 <u>0499</u> | | |
| 2 <u>0499</u> | | |
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| 4 <u>0</u> | | |
| 5 <u>1</u> | | |
| 6 | | |
| 7 <u>1</u> | | |
| 8 <u>0</u> | | |
| <u>9/53.8</u> | | |
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| 11 | | |
| 12 <u>96-0</u> | | |
| 13 <u>2-0</u> | | |
| AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF | DOCUMENT | |
| ITEM NO. | SHOULD READ | BY AFFIDAVIT OF |

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | | | |
|--|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u> | | | Length of stay in 1b <u>50 yrs.</u> | | c. CITY OR TOWN <u>Joplin</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>209 Winfield</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>209 Winfield</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Aaron</u> Middle <u>Frank</u> Last <u>Adair</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1963</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>5-14-1893</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barber shop</u> | | 11. BIRTHPLACE (City and state or country) <u>Centerville, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Jess Adair</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louisa Kindell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fannie Pearl Adair</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT Address <u>Mrs. Howard Forkner, Joplin, Missouri</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 1963</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon</u> | | | | | | July 16, 1963 | |
| 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 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> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u> | | 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 <u>December 24, 1960</u> to <u>4-22-1963</u> and last saw ^{her} him <u>live on April 21, 1963</u> Death occurred at <u>3:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) M.D. | | | | 22b. ADDRESS <u>607 Frisco Bldg, Joplin, Missouri</u> | | 22c. DATE SIGNED <u>4-22-63</u> | |
| 23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23c. DATE <u>4-24-1963</u> | | 23d. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | | 23e. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Mason Chapel, 108 Range Line, Joplin, Mo.</u> | | | | 25. DATE REGD. BY LOCAL REG. <u>4-23-1963</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

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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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.