

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017310

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3932**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3932** STATE FILE NUMBER

**FILED APR 17 1963**

1. PLACE OF DEATH  
a. COUNTY **Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **St. Louis** Inside Limits Yes  No

c. CITY OR TOWN **St. Louis**

d. STREET ADDRESS (If outside, give location) **4341 Washington** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **King** Middle **Edward** Last **Adams** 4. DATE OF DEATH Month **4** Day **5** Year **63**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **4-10-03** 9. AGE (last birthday) **59** IF UNDER 1 YEAR Months **11** Days **25** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Unemployed** 11. BIRTHPLACE (City and state or country) **Pacific Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Jesse Adams** 13b. MOTHER'S MAIDEN NAME **Lillie Garrison** 14. NAME OF HUSBAND OR WIFE **Flora Adams**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Flora Adams 4341 Washington**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH **Undet.**  
DUE TO (b) **Nephrosclerosis**  
DUE TO (c) **446x**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Hypertension & Urethral Stricture** 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 **9:00** a.m. Month, Day, Year **3-31-63**

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 **Pacific** COUNTY **Pacific** STATE **Mo.**

21. I attended the deceased from **3-31-63** to **4-5-63** and last saw him alive on **4-5-63**  
Death occurred at **9:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** 22b. ADDRESS **2601 N. Whittier** 22c. DATE SIGNED **4-5-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Motor** 23b. DATE **4-8-63** 23c. NAME OF CEMETERY OR CREMATORY **Pacific Cemetery** 23d. LOCATION (City, town, or county) **Pacific Mo.**

24. FUNERAL DIRECTOR **Atkins Bros.** ADDRESS **3644 Finney Ave.** 25. DATE RECD. BY LOCAL REG. **APR 8 1963** 26. REGISTRAR'S SIGNATURE **[Signature]**

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 K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.