

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019673

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration, District No. **128** Primary Registration District No. **2000** Registrar's No. **814**

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 631 N. Nettleton		d. STREET ADDRESS (If outside, give location) 631 N. Nettleton	

3. NAME OF DECEASED (Type or print) First ORA Middle MAY Last ADAMS			4. DATE OF DEATH Month May Day 26 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5/2/1898	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days 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 Home		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME George Buckner		13b. MOTHER'S MAIDEN NAME Eva Cassidy		14. NAME OF HUSBAND OR WIFE James W. Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-28-4004		17. INFORMANT James W. Adams (Husband) Springfield, 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) Carcinomatous, generalized. DUE TO (b) Ca. right ovary DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 1 year 2 yrs.
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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	
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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. 	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 Springfield, Missouri	
21. I attended the deceased from March, 1955 to 5/26/63 and last saw ^{her} ~~him~~ alive on 5-28-63 Death occurred at 2:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Hue co. Farthing M.D. (Degree or title)	22b. ADDRESS 1636 S. Glenstone Springfield, Missouri	22c. DATE SIGNED May 29, 1963 (Date)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/63	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery
23d. LOCATION (City, town, or county) Springfield, Missouri		

24. FUNERAL DIRECTOR Klingner Mortuary	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 5-31-1963	26. REGISTRAR'S SIGNATURE Effie G. Melton
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 4 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

Oglethorpe

Licensed Embalmer No.

4176

P. O. Address

Springfield

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.

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