

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022979

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **FILED JUN 11 1963**

Primary Registration District No.

Registrar's No. **110**

STATE FILE NUMBER

VS 300
Rev. 4/59

1 **1085**
2 **0201**
3 **2**
4 **0**
5 **2**
6
7 **0**
8 **2**
9443X
10
11
12 **86-0**
13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		c. CITY OR TOWN El Dorado Springs	
Length of stay in 1b 25 Days		d. STREET ADDRESS (If outside, give location) 309 S. Grand St.	
c. FULL NAME OF (If NOT in hospital, give location) Perrettie Id. NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Eddie Ransom Adams		4. DATE OF DEATH May - 30 - 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec-8-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME J. T. Adams		13b. MOTHER'S MAIDEN NAME Clarinda Wright Melvin	
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. None	
17. INFORMANT Mrs. Lloyd Barritt		14. NAME OF HUSBAND OR WIFE Deceased Adams	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage - Right Hemiplegia DUE TO (b) Hypertensive heart disease DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 El Dorado Springs, Mo.
21. I attended the deceased from May 30, 1963 to May 30, 1963 and last saw him alive on May 30, 1963 Death occurred at Nevada, Missouri 6:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R. B. Gray, M.D.	
22b. ADDRESS Moore Bldg., Nevada, Missouri		22c. DATE SIGNED 6/1/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial	23b. DATE June 2-1963	23c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery	23d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.
24. FUNERAL DIRECTOR Melvin L. Janssens	25. DATE RECD. BY LOCAL REG. 6-8-1963	26. REGISTRAR'S SIGNATURE Anna E. Jorg	

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 19 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 Melvin L. Janssen
Licensed Embalmer No. 4829

P. O. Address El Paso, Texas

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.