

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023099

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

169

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 25 1963

1. PLACE OF DEATH

a. COUNTY

Audrain

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)

Mexico, Mo.

Length of stay in 1b

Yrs.

c. CITY

Mexico, Mo.

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Audrain Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

622 W. Buchanan

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

LAURA

JOSPHINE

ADAMS

4. DATE OF DEATH

Month

Day

Year

June

21

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-26-93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

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

Housekeeping

11. BIRTHPLACE (City and state or country)

Monroe County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

W. W. Wilson

13b. MOTHER'S MAIDEN NAME

Frances Hill

14. NAME OF HUSBAND OR WIFE

Rudolph Adams

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.

493-28-8444H

17. INFORMANT

Rudolph Adams 622 W. Buchanan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

- Cardiac Failure & Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH

48 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

general debility

3 weeks

DUE TO (c)

Carcinomatous general from Breast

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma involving left breast

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

Month, Day, Year

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

COUNTY

STATE

21. I attended the deceased from

8-1-961

to June 21-63

and last saw her alive on June 21-63

Death occurred at

8:15 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold S. Lawrence M.D.

22b. ADDRESS

Indian Trail

22c. DATE SIGNED

6-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 23

23c. NAME OF CEMETERY OR CREMATORY

East Lawn

23d. LOCATION (City, town, or county)

Mexico, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

June 22-1963

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300

Rev. 4/59

1 0047

2 0047

3

4 1

5 1

6

7 0

8 0

9 170X

10

11

12 1-0

13 2-0

000000-000

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

Harold S. King

Licensed Embalmer No.

4890

P. O. Address

Mexico 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.