

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023506

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

298

STATE FILE NUMBER

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

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

OR TOWN

Cape Girardeau

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

HOSPITAL OR INSTITUTION

St. Francis

Length of stay in 1b

16 days

Inside Limits

Yes ☒ No ☐

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

a. STATE

Illinois

COUNTY

Alexander

b. CITY

OR TOWN

Cairo.

d. STREET ADDRESS

(If outside, give location)

1209--Walnut Street

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Ora

Middle

Last

Adams

4. DATE OF DEATH

Month

Day

Year

6---15---63

5. SEX

Female

6. COLOR OR RACE

negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/2/97

9. AGE (last birthday)

65

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Pension Social Security

11. BIRTHPLACE (City and state or country)

Wilborn, Texas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jim Johnson

13b. MOTHER'S MAIDEN NAME

Serrelia Hawkins

14. NAME OF HUSBAND OR WIFE

Ellis Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no no

16. SOCIAL SECURITY NO.

330-16-5056A

17. INFORMANT

Dapaleon Garrett 1209 Walnut

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

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

Myocardial infarction
Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 W.

2 Wks

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

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

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

COUNTY

STATE

21. I attended the deceased from

Death occurred at

Nov 1961

June 15, 1963

and last saw her alive on

June 15, 1963

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

22. SIGNATURE

(Degree or title)

22b. ADDRESS

JOHN T. CROWE, M.D.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/23/63

23c. NAME OF CEMETERY OR CREMATORY

McMullins Cent.

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

Cape Girardeau, MO

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mabel L. Boulder 907 Walnut

Cairo, Ill.

25. DATE RECD. BY LOCAL REG.

6-18-63

26. REGISTRAR'S SIGNATURE

Dennis Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0168

2 8120

3 2

4 3

5 1

6

7 1

8 0

9 4/20/1

10

11

12 2-0

13 1-0

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

Malcolm L. Donaldson

Licensed Embalmer No.

5092

P.O. Address

1907 Walnut St. Cinn. 50.

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.