

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027863

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 119 Primary Registration District No. 5903 Registrar's No. 33

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0371

2 0370

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 17 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY GASCONADE		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		a. STATE MISSOURI b. COUNTY GASCONADE	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION FRENE VALLEY REST HOME		Length of stay in 1b		c. CITY OR TOWN ROSEBUD	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS RURAL ROUTE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle JOSEPH Last ADAMS			4. DATE OF DEATH Month JULY Day 7 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-7-1889	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) MISSOURI	
13a. FATHER'S NAME GEORGE ADAMS		13b. MOTHER'S MAIDEN NAME GENEVA WILLIAMS		14. NAME OF HUSBAND OR WIFE ROSE LOCKHART ADAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-12-2096		17. INFORMANT ERNIE ADAMS - O'FALLON MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE					2 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC PYELONEPHRITIS				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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 7-15-62 to 7-7-63 and last saw ^{her} _{him} alive on 7-5-63 . Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George M. Workman M.D.			22b. ADDRESS HERMANN, MO		22c. DATE SIGNED 7-8-63
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-10-1963	23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY	23d. LOCATION (City, town, or county) (State) NEAR OWENSVILLE MO.		
24. FUNERAL DIRECTOR ADDRESS GOTTENSTROETER FUNERAL HOME OWENSVILLE MO.		25. DATE RECD. BY LOCAL REG. 7-9-63	26. REGISTRAR'S SIGNATURE Delma Uffelmann		

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 Myford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.