

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031206

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 52

FILED AUG 27 1963

|                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                                                                      |                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>                                                                                                                                                                                        |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>                             |                                                                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Cassville</u>                                                                                                                                                      |                                                                                                           | c. CITY OR TOWN <u>Washburn</u>                                                                                                                                      |                                                                            |
| Length of stay in 1b<br><u>11 days</u>                                                                                                                                                                                             |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |                                                                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>                                                                                                                         |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |                                                                            |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>William</u> Middle <u>Leon</u> Last <u>Adcock</u>                                                                                                                               |                                                                                                           | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>2</u> Year <u>1963</u>                                                                                                |                                                                            |
| 5. SEX<br><u>male</u>                                                                                                                                                                                                              | 6. COLOR OR RACE<br><u>white</u>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>11-17-1898</u>                                      |
| 9. AGE (last birthday)<br><u>64</u>                                                                                                                                                                                                |                                                                                                           | 10. IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>                                                                                    |                                                                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>railroad</u>                                                                                                                     |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>brakeman</u>                                                                                                                 |                                                                            |
| 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>                                                                                                                                                                      |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                                                                                                            |                                                                            |
| 13a. FATHER'S NAME<br><u>William Bragg Adcock</u>                                                                                                                                                                                  |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>Mollie Windes</u>                                                                                                                    |                                                                            |
| 14. NAME OF HUSBAND OR WIFE<br><u>Mable Adcock</u>                                                                                                                                                                                 |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                             |                                                                            |
| 16. SOCIAL SECURITY NO.<br><u>unknown</u>                                                                                                                                                                                          |                                                                                                           | 17. INFORMANT<br>Address<br><u>Mrs. Betty Patterson-Washburn, Mo.</u>                                                                                                |                                                                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Cerebral Vascular Accident</u>                                                            |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hrs.</u>                                                                                                                   |                                                                            |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                                                                                 |                                                                                                           |                                                                                                                                                                      |                                                                            |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Acute Toxemia &amp; Peritonitis due to Acute Appendicitis</u>                              |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                            |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>7/22/63</u> a.m. <u>8/2/63</u> 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<br>COUNTY <u>Barry</u> STATE <u>Mo.</u>                                                                                                 |                                                                            |
| 21. I attended the deceased from <u>7/22/63</u> to <u>8/2/63</u> and last saw him alive on <u>8/2/63</u><br>Death occurred at <u>12:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                                      |                                                                            |
| 22a. SIGNATURE<br><u>James E. Redding, DO</u>                                                                                                                                                                                      |                                                                                                           | 22b. ADDRESS<br><u>Cassville, Mo.</u>                                                                                                                                |                                                                            |
| 22c. DATE SIGNED<br><u>8-3-63</u>                                                                                                                                                                                                  |                                                                                                           |                                                                                                                                                                      |                                                                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                         | 23b. DATE<br><u>8-4-1963</u>                                                                              | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Washburn Prairie Cemetery</u>                                                                                               | 23d. LOCATION (City, town, or county) (State)<br><u>Washburn, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Culver's</u>                                                                                                                                                                                            |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><u>8-3-1963</u>                                                                                                                      |                                                                            |
| 26. REGISTRAR'S SIGNATURE<br><u>Grace Williams</u>                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                      |                                                                            |

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

**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

*Paul D. Dunbar*

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.

Burial permit obtained Aug 3-63  
JW