

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035701

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. 5448

Registrar's No. 101

VS 300  
Rev. 4/59

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<br>a. COUNTY <b>Gentry</b>                                                                                                                                                                                                                                                                 |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>                            |                                                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Higgins Township</b>                                                                                                                                                                                                                 |                                                                                                           | c. CITY OR TOWN <b>Higgins Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                            |                                                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>West of Albany</b>                                                                                                                                                                                                         |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><b>West of Albany</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |                                                                  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>IVA</b> Middle <b>MAY</b> Last <b>ADAMS</b>                                                                                                                                                                                                                  |                                                                                                           | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>8</b> Year <b>1963</b>                                                                                               |                                                                  |
| 5. SEX<br><b>female</b>                                                                                                                                                                                                                                                                                      | 6. COLOR OR RACE<br><b>white</b>                                                                          | 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><b>May 5 195</b>                             |
| 9. AGE (last birthday)<br><b>68</b>                                                                                                                                                                                                                                                                          |                                                                                                           | 10. IF UNDER 1 YEAR Months Days Years Min.                                                                                                                           |                                                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>                                                                                                                                                                                                |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>                                                                                                                  |                                                                  |
| 11. BIRTHPLACE (City and state or country)<br><b>McFall, Missouri</b>                                                                                                                                                                                                                                        |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>                                                                                                                           |                                                                  |
| 13a. FATHER'S NAME<br><b>John Ray Pulsifer</b>                                                                                                                                                                                                                                                               |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Maude Giles</b>                                                                                                                      |                                                                  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Edgar Ray Adams</b>                                                                                                                                                                                                                                                        |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                             |                                                                  |
| 16. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                      |                                                                                                           | 17. INFORMANT<br><b>Mr. Edgar Adams</b> Address <b>Albany, Mo.</b>                                                                                                   |                                                                  |
| 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) <b>Cerebro Vascular accident</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Thrombosis</b><br>DUE TO (c) |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 min.</b>                                                                                                                    |                                                                  |
| 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.<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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.                                                                                                                                                                                                                      | Month, Day, Year                                                                                          |                                                                                                                                                                      |                                                                  |
| 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 COUNTY STATE                                                                                                                            |                                                                  |
| 21. I attended the deceased from <b>5/19/63</b> to <b>Oct 8, 1963</b> and last saw her alive on <b>Oct 5, 1963</b><br>Death occurred at <b>6:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                  |                                                                                                           |                                                                                                                                                                      |                                                                  |
| 22a. SIGNATURE<br><b>Bernie Parsons M.D.</b> (Degree or title)                                                                                                                                                                                                                                               |                                                                                                           | 22b. ADDRESS<br><b>Albany, Mo.</b>                                                                                                                                   | 22c. DATE SIGNED<br><b>10/10/63</b> (State)                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>                                                                                                                                                                                                                                                   | 23b. DATE<br><b>Oct 10, 1963</b>                                                                          | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Grandview</b>                                                                                                               | 23d. LOCATION (City, town, or county)<br><b>Albany, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Brooks-Cochell Funeral Home</b> ADDRESS: <b>Albany, Mo.</b>                                                                                                                                                                                                                       |                                                                                                           | 25. DATE RECD. BY LOCAL REG. <b>10-10-63</b> 26. REGISTRAR'S SIGNATURE<br><b>Mrs. L.W. Bare</b>                                                                      |                                                                  |

(Licensed Embalmer's Statement on Reverse Side)

101  
OCT 28 1963  
DEC 12 1963

rec'd  
10-10-63

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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Coohell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.

2008 10.10.63 24-01-01