

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036759

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 162

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

1 7535

2 0535

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 16 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Laclede</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>
Length of stay in "1b" <u>35 yrs.</u>	c. CITY OR TOWN <u>Lebanon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>	d. STREET ADDRESS (If outside, give location) <u>235 Van Buren</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last	
<u>William Arthur Addison</u>	
4. DATE OF DEATH Month Day Year	
<u>Sept. 10, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/30/82</u>
9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hotel Mgr</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
11. BIRTHPLACE (City and state or country) <u>Orla, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Richard R. Addison</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Whitson</u>
14. NAME OF HUSBAND OR WIFE <u>Lora Addison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>
17. INFORMANT <u>Mrs Lora Addison</u>	Address <u>Lebanon Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Chronic nephritis</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>	
DUE TO (c) <u>-</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Allergic asthma; Pulmonary emphysema</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <u>8-8-58</u> to <u>9-10-63</u> and last saw ^{him} alive on <u>9-10-63</u> . Death occurred at <u>11:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>B B Hurst, M.D.</u>	22b. ADDRESS <u>255 N. ADAMS, LEBANON, MO.</u>
22c. DATE SIGNED <u>9-12-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/13/1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
24. FUNERAL DIRECTOR <u>Dorsey M. Howe</u>	25. DATE RECD. BY LOCAL REG. <u>9-12-1963</u>
26. REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	

USE BLACK INK OR TYPEWRITER RIBBON

0740017-001

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.

Permit issued 9-12-1968-W.A.R.M.