

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028790
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

FILED OCT 31 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 813 E. Breckenridge		d. STREET ADDRESS (If outside, give location) 813 E. Breckenridge	

3. NAME OF DECEASED (Type or print) ARTHUR SYLVESTER ADAMS			4. DATE OF DEATH Month October Day 27 Year 1963		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/12/1927	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months 11 Days 15 Hours 24 Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and state or country) Mexico, Mo.	
13a. FATHER'S NAME James Adams		13b. MOTHER'S MAIDEN NAME Georgia Brekenridge		14. NAME OF HUSBAND OR WIFE Eiffie May Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-22-0429		17. INFORMANT Mrs. Eiffie May Adams - Mexico, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sunshot wound left chest, rupture of heart		INTERVAL BETWEEN ONSET AND DEATH approx 10 min
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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot left chest with 32 caliber	
20c. TIME OF INJURY 8:10 a.m.	Month, Day, Year 10-27-63	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.) revolver		20f. CITY, TOWN, OR LOCATION Farber, Mo	

21. I attended the deceased from 10-27-63 to 10-28-63 and last saw her alive on 10-28-63 Death occurred at approx 8:30 A on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE William H. Bradley mo, coroner	22b. ADDRESS Farber, Mo	22c. DATE SIGNED 10-28-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/63	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Mexico Mo.
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24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.	25. DATE RECD. BY LOCAL REG. 10-28-1963	26. REGISTRAR'S SIGNATURE Alberta Edmundson
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(Licensed Embalmer's Statement on Reverse Side)

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

VS 300
Rev. 4/59
1 0047
2 0047
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4 2
5 1
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7 0
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9 981X
10
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12 290.3
13 30

0032110-0818

NOV 6 1963

NOV 1 1963

NOV 14 1963

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address M. J. Hayes

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.