

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-038791**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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

**FILED OCT 31 1963**

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| VS 300      | DATE AMENDED    | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| Rev. 4/59   |                 |  |            |          |
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| SHOULD READ | BY AFFIDAVIT OF |  |            |          |

USE BLACK INK OR TYPEWRITER RIBBON

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Audrain</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Mexico</u>   |  | Length of stay in 1b<br><u>Years</u>  | c. CITY OR TOWN <u>Mexico</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Phillipa Nursing Home</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>615 E. Promenade</u>   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>WILLIAM</u> Middle <u>D.</u> Last <u>ADAMS</u>   |  | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>25</u> Year <u>1963</u>   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8/13/1871</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Merchant</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Dry Goods Retail</u>  | 9. AGE (last birthday)<br><u>92</u>  |
| 13a. FATHER'S NAME<br><u>George W. Adams</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Alice Kincaid</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Nora Pindall</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>[Redacted]</u>  | 17. INFORMANT<br><u>Mrs. A. B. Edgar - Mexico, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</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)  |  |   | 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 a.m. 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  | COUNTY STATE   |
| 21. I attended the deceased from <u>3/28/53</u> to <u>10/25/63</u> and last saw him alive on <u>10-23-63</u><br>Death occurred at <u>5 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Ernest J. Yant M.D.</u>   |  | 22b. ADDRESS<br><u>Mexico, Mo</u>   | 22c. DATE SIGNED<br><u>10-28-63</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>10/27/1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Elmwood Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Mexico, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Arnold Funeral Home Mexico, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>10-28-1963</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Uberta Edmonson</u>  |

107-80-813

DEC 3 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. Hays

Licensed Embalmer No. 4898

P. O. Address Meriden, Ct.

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.