

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-038956**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **042**

Primary Registration District No. **4052**

Registrar's No. **1253**

**FILED OCT 30 1963**

1. PLACE OF DEATH

a. COUNTY

**Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

**Agency**

Length of stay in 1b

**life**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Buchanan**

c. CITY  
OR  
TOWN

**Agency**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**ROBERT**

**H.**

**ADAMS**

4. DATE  
OF  
DEATH

Month

Day

Year

**October 24, 1963**

5. SEX

6. COLOR OR RACE

7. Married ☒ Never Married ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

**John Adams**

**Mary F. Thompson**

**Frances K. 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.

17. INFORMANT

Address

**Mrs. Frances K. Adams, Agency, 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)

**C.V.A.**

INTERVAL BETWEEN  
ONSET AND DEATH

**2 WKS**

DUE TO (b)

**Gen Arteriosclerosis**

**yes**

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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 ☐  
NOT WHILE AT WORK ☐

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 **10.22.63** **10/24/63** and last saw <sup>her</sup> him alive on **10/22/63**  
Death occurred at **8:50 a.** m on the date stated above, and to the best of my knowledge, from the causes stated **25**

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**burial**

**10/26/1963**

**Ebenezer Cemetery**

**Buchanan County**

**Mo.**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Heaton - Bowman** **Joseph, Mo.**

**Oct. 28, 1963**

**Mrs. Clark Goodell**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **M.P. Grimes, Medical Certification**

DATE AMENDED

VS 300  
Rev. 4/59

**1 5110**

**2 5110**

**3**

**4 e**

**5 1**

**6**

**7 o**

**8 2**

**9 22/x**

**10**

**11**

**12 90-0**

**13 1-2**

Permit issued 10-25-63

0112  
2112  
01  
02

0-02

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 William Spalding  
Licensed Embalmer No. 4535

P. O. Address St Joseph 2000

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.