

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043114

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

540

FILED DEC 2 1963

1. PLACE OF DEATH
a. COUNTY

Cape Girardeau

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

Cape Girardeau

Length of stay in 1b
70 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Francis Hospital

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY
OR
TOWN

Cape Girardeau

d. STREET
ADDRESS

1033 N. Lorimer

Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

John

Middle

Adams

Last

4. DATE
OF
DEATH

Month

Day

Year

November 25, 1963

5. SEX

Male

6. COLOR OR RACE

Col.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/5/89

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mobley, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ed Adams

13b. MOTHER'S MAIDEN NAME

Emily Daugherty

14. NAME OF HUSBAND OR WIFE

Mrs. Gussie Yarbrow, Cape Gir. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

602 Independence

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis - Right

INTERVAL BETWEEN
ONSET AND DEATH

36 hrs.

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

DUE TO (b)

Coronary Arteriosclerosis

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.☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
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

11/23/63

to 11/25/63

and last saw him alive on 11/24/63.

Death occurred at

3:00

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dorothy K. Holcomb, MD

22b. ADDRESS

24 No. Sprigg Street

Cape Girardeau, Mo.

22c. DATE SIGNED

11/29/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/29/63

23c. NAME OF CEMETERY OR CREMATORY

Fairmont Cemetery

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

Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

L. R. Sparks

Cape Girardeau, Mo.

11-30-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

L. R. Sparks

(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

DATE AMENDED

VS 300
Rev. 4/59

10/63

20/63

3

4 2

5 2

6

7 0

8 2

9 332x

10

11

12 2-0

13 1-0

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

James A. Carter

Licensed Embalmer No. *4681*

P. O. Address *Cville, 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.