

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-047616

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1843

FILED DEC 30 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield | | c. CITY OR TOWN Springfield | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Hospital | | d. STREET ADDRESS (If outside, give location) 1700 W. Division | |
| 3. NAME OF DECEASED (Type or print) Harold Ramey Adams | | 4. DATE OF DEATH Month December Day 23 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/19/1911 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Shoe Sales | |
| 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Fletcher Adams | | 13b. MOTHER'S MAIDEN NAME Vada Ramey | |
| 14. NAME OF HUSBAND OR WIFE Hazel Adams | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | |
| 16. SOCIAL SECURITY NO. 491-03-1040 | | 17. INFORMANT Hazel Adams (Wife) Address Springfield, 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) Myocardial Infarction DUE TO (b) Pulmonary Emphysema DUE TO (c) 10 years | | INTERVAL BETWEEN ONSET AND DEATH 1 hr | |
| 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 | |
| 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 12:37 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 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 Springfield, Missouri |
| 21. I attended the deceased from 1959 to Dec 23, 1963 and last saw her alive on about Dec 15, 63 Death occurred at DOA at 12:37 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Robert C. Scanlon M.D. | |
| 22b. ADDRESS Springfield, Missouri | | 22c. DATE SIGNED 12-23-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/26/1963 | 23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery | 23d. LOCATION (City, town, or county) Springfield, Missouri |
| 24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-26-63 | 26. REGISTRAR'S SIGNATURE Bernice Medley |

jhc

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1964

JAN 15 1964

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield 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.