

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048538

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 208

FILED DEC 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kans.</u> b. COUNTY <u>WYAN DOTTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in 1b <u>3 hrs.</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Louise G. Wallace</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>1239 Osage St.</u>
3. NAME OF DECEASED (Type or print) First <u>Lowell</u> Middle <u>Clifford</u> Last <u>Admire</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5-5-1919</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>factory</u>	9. AGE (last birthday) <u>44</u>
11. BIRTHPLACE (City and state or country) <u>Wright County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Admire</u>		13b. MOTHER'S MAIDEN NAME <u>Aloha Carter</u>	
14. NAME OF HUSBAND OR WIFE <u>Virginia Admire</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	
16. SOCIAL SECURITY NO. <u>491-14-3012</u>		17. INFORMANT <u>Vester Admire, Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Irreversible shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe head injuries incurred when thrown from automobile</u> DUE TO (c) <u>when thrown from automobile</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
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.) <u>Thrown from car</u>	
20c. TIME OF INJURY <u>1:50 p.m.</u>	Hour <u>12</u> Month, Day, Year <u>12-15-63</u>	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.) <u>Highway 5.5</u>		20f. CITY, TOWN, OR LOCATION <u>LACLEDE</u> COUNTY <u>Missouri</u> STATE	
21. I attended the deceased from <u>12-15-63</u> to <u>12-15-63</u> and last saw him alive on <u>12-15-63</u>		Death occurred at <u>4:13 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. Carrington M.D.</u> (Degree or title)		22b. ADDRESS <u>Lebanon, Mo.</u>	22c. DATE SIGNED <u>12-17-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Lebanon, Laclede Co., Mo.</u>
24. FUNERAL DIRECTOR <u>J. J. Shadel</u> ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-18-1963</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. May</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 24 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 _____

Eric Abbott

Licensed Embalmer No. 5115

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.

Permit issued 12-18-1963 H. L. H.