

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0001717

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 332

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 9 1968	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>208 N. 5th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First <u>Ollie</u> Middle <u>Chalmers</u> Last <u>Adams</u>	
4. DATE OF DEATH <u>Jan. 4, 1968</u> Month <u>Jan.</u> Day <u>4</u> Year <u>1968</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/30/1883</u>
9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and state or country) <u>Henry Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Jerome Atwell</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Powell</u>
14. NAME OF HUSBAND OR WIFE _____	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>
16. SOCIAL SECURITY NO. <u>496 54 8998</u>	17. INFORMANT <u>Mrs. J. C. Munday, Clinton, 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>Hypostatic & Bronchial Pneumonia 6 days</u> DUE TO (b) <u>Cerebrovascular accident with 7 days</u> DUE TO (c) <u>left Hemiparesis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) _____	
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 type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE. <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____	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>12-24-67</u> to <u>1-4-68</u> and last saw her/him alive on <u>1-4-68</u> Death occurred at <u>4:20 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>	22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>
22c. DATE SIGNED <u>1-6-68</u>	23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>
23b. DATE <u>Jan. 6, 1968</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Calhoun, Mo.</u>	24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>Jan. 6, 1968</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Digum</u>

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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

3821 PVAL 01.1979

Permit obtained 1-6-68
MB

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 Lee Ward, Student Embalmer No. 822

working under my personal supervision.

Student Lee Ward
Signature of Student Embalmer

Signed H. D. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.