

FILED MAR 3 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

69-006327

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

Registration District No. 41

Primary Registration District No. 3012

Registrar's No. 17

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. INEZ ADAMS		2. Female		3. February 23, 1969	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		5. AGE—LAST BIRTHDAY (YEARS) MOS DAYS		6. DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5. 82		6. June 7, 1886	
7. CITY, TOWN, OR LOCATION OF DEATH		8. INSIDE CITY LIMITS (SPECIFY YES OR NO)		9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. Excelsior Springs		8. yes		9. Excelsior Institute Hospital	
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		11. CITIZEN OF WHAT COUNTRY		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
10. Missouri		11. USA		12. widowed	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		15. KIND OF BUSINESS OR INDUSTRY	
13. 496-24-0513		14. Housewife		15. Home	
16. RESIDENCE—STATE COUNTY		17. CITY, TOWN, OR LOCATION		18. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
16. Missouri Clay		17. Excelsior Springs		18. yes	
19. FATHER—NAME FIRST MIDDLE LAST		20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST		21. STREET AND NUMBER	
19. J. Hugh O'Dell		20. Margaret F. O'Dell		21. 715 High St.	
22. INFORMANT—NAME		23. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
22. Leo Guy Wade		23. RR. Gower, Missouri		24. Hours	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
25. IMMEDIATE CAUSE					
(a) Acute Circulatory Failure					
(b) Acute Myocardial Infarction					
(c) Chronic Arteriosclerosis					
26. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
26. day year					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
27. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					
28. DATE OF INJURY (MONTH, DAY, YEAR)					
29. HOUR					
30. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
31. INJURY AT WORK (SPECIFY YES OR NO)					
32. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)					
33. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
34. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 1-20-69 TO 2-23-69					
35. AND LAST SAW HIM/HER ALIVE ON 2-23-69					
36. I DID/DO NOT VIEW THE BODY AFTER DEATH.					
37. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.					
38. CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
39. CERTIFIER—NAME (TYPE OR PRINT)					
39. CHARLES F. LAMBERT D.O.					
40. MAILING ADDRESS—CERTIFIER					
40. 207 W. BROADWAY					
41. BURIAL, CREMATION, REMOVAL (SPECIFY)					
41. Burial					
42. CEMETERY OR CREMATORY—NAME					
42. Old New Garden					
43. LOCATION CITY OR TOWN STATE					
43. Excelsior Springs, Mo.					
44. DATE (MONTH, DAY, YEAR)					
44. February 25-69					
45. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
45. Prichard Funeral Home, Excelsior Springs, Mo. 64024					
46. FUNERAL DIRECTOR—SIGNATURE					
46. Ralph VanLandingham					
47. REGISTRAR—SIGNATURE					
47. Caroline Hutterling					
48. DATE RECEIVED BY LOCAL REGISTRAR					
48. 2-23-69					

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

Ralph Van Landingham

Licensed Embalmer No.

4009

P. O.

Quail Springs, 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 received 2-24-69