

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39898

FILED DEC 7 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 589

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY OR TOWN <u>RURAL PINEY</u>		c. CITY OR TOWN <u>NORWOOD</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGHWAY 63</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JUNE</u> c. (Last) <u>ADAIR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 30 1954</u>							
5. SEX <u>FF.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JUNE 1 1930</u>	9. AGE (In years last birthday) <u>24</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>STRANG OKLA.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOSEPH W. ADAIR</u>	13b. MOTHER'S MAIDEN NAME <u>CORA SAUERS</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. L. G. HOOD, 1069 SO. WEAVER</u> ADDRESS <u>SPRINGFIELD MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>broken neck</u>	DUE TO (b) <u>Car accident</u>		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c)		

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY U.S. 63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PINEY TEXAS MO</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV. 30 1954 6:55 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAR ACCIDENT</u>
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22. I hereby certify that I attended the deceased from Nov. 30 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:55 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>James Keith Korzen</u> (Degree or title) <u>Colonel, U.S.</u>	23b. ADDRESS <u>Colonel, U.S.</u>	23c. DATE SIGNED <u>11-30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SPAVINAW-STRANG</u>
		24d. LOCATION (City, town, or county) (State) <u>STRANG OKLA</u>

DATE REC'D BY LOCAL REG. <u>Dec 3-54</u>	REGISTRAR'S SIGNATURE <u>Mildred Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ELLIOTT FUNERAL HOME</u> ADDRESS <u>HOUSTON MO</u>
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(If used Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1070

DEC 8 1954

DEC 14 1954

DEC 27 1954

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
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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 this body is not embalmed, fact should be so stated above.