

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17265

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Phelps 0813				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps 0810			
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (In this place) D.O.A.		c. CITY OR TOWN Rural, Edgar Springs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital.				STREET ADDRESS (If rural, give location) 6 Miles south of Edgar Springs.			
3. NAME OF DECEASED (Type or Print) LINDY		a. (First) LEE		b. (Middle) ADAMS		c. (Last)	
4. DATE OF DEATH 27 May 1956				5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <input checked="" type="checkbox"/>		8. DATE OF BIRTH 23 June 1938		9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months 11 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and State or Foreign Country) Edgar Springs, Missouri <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Claude Adams		13b. MOTHER'S MAIDEN NAME Agnes Pasko Adams		14. NAME OF HUSBAND OR WIFE Never Married.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-40-8490		17. INFORMANT'S SIGNATURE OR NAME Mr. Claude Adams, Edgar Springs, Mo., ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thoracic Hemorrhage... Crushed Chest INTERVAL BETWEEN ONSET AND DEATH 30 Min. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pinned beneath overturned Automobile. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 081				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) So. of Edgar Springs Phelps Mo.,			
21d. TIME OF INJURY May 27 1956 10:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Lost control of automobile on gravel road. No other car involved.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 27 May, 1956, and that death occurred at Phelps Co. Hospital, from the causes and on the date stated above.							
23. SIGNATURE S. E. Hull (Degree or title) Coroner, Phelps County				23b. ADDRESS Rolla, Missouri		23c. DATE SIGNED 28 May 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 30 May 1956		24c. NAME OF CEMETERY OR CREMATORY Edgar Springs Cemetery		24d. LOCATION (City, town, or county) (State) Edgar Springs, Mo.	
DATE REC'D BY LOCAL REG. May 31, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home By Paul E. Hull		ADDRESS Rolla Mo.,	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 431

Date Filed JUN 1956

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 Paul E. N.

Licensed Embalmer No. 44

P. O. Address Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.