

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21460

FILED JUL 9 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla, Mo.</u>		c. LENGTH OF STAY (In this place) <u>6 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>P.P.#3 Cuba</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF (If not in hospital, or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps Co. Mem. Hosp.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 1956</u>			
3. NAME OF DECEASED (Type or Print) <u>Wm</u>		a. (First) <u>Albert</u>		b. (Middle) <u>Adair</u>		c. (Last) <u>Adair</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 29, 1913</u>	
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Wks. Hours _____ Mins. _____		9. AGE (In years last birthday) <u>42</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>		11. BIRTHPLACE (State or foreign country) <u>Stawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John T. Adair</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Massey</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie - deceased</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>		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Norma Turbough Cuba</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-25, 1956</u> , to <u>6-25, 1956</u> , that I last saw the deceased alive on <u>6-25, 1956</u> , and that death occurred at <u>8:25pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <u>J.P. Killingsworth</u>				23b. ADDRESS <u>Cuba Mo</u>		23c. DATE SIGNED <u>6-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heming Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 26, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Shanklin Cuba, Mo.</u>			

RECEIVED

Phelps County Health Officer,

County File Number 2159

Date Filed 7/6/56

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.