THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27858
STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY COOPER
b. CITY (If outside corporate limits, give TOWNSHIP only) ~~OR TOWN~~ BOONVILLE — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. JOSEPH — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY COOPER
c. ~~CITY OR TOWN~~ WOOLDRIDGE MO — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) WOOLDRIDGE MO. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILSON Middle CAREY Last ADAIR

4. DATE OF DEATH: Month AUGUST Day 29 Year 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: AUG 20-1895
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 0 Days 9 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM OWNER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN ADAIR
14. MOTHER'S MAIDEN NAME: CLARA LEE CAREY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497-24-8281
17. INFORMANT: Mrs. Wilson C. Adair — Address: Wooldridge

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Coronary (Acute) Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Sclerosis Coronary Artery
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 1957 to 8/29/57 and last saw ~~the~~ him alive on 8/29/57
Death occurred at 11:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M L Deckenger M D (Degree or title)
22b. ADDRESS: Boonville Mo
22c. DATE SIGNED: 8/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: AUG 31-1957
23c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE CEM
23d. LOCATION (City, town, or county) (State): BOONVILLE MO
24. FUNEERAL DIRECTOR AND ADDRESS: GALBERT HORNBECK PRAITIE HOME MO.
25. DATE RECD. BY LOCAL REG.: 8/30/57
26. REGISTRAR'S SIGNATURE: D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed C. Albert Hombeck

Licensed Embalmer No. 27

P. O. Address Prairie H

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