

FILED NOV 4 1957

STANDARD CERTIFICATE OF DEATH

35394
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1013-B

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENCE 445 South Robberson Residence			Length of stay in lb 40 years		d. STREET ADDRESS (If outside, give location) 445 S. Robberson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) EARL BOYD ADAMS			First	Middle	Last	4. DATE OF DEATH October 18, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 12, 1892		9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Ins. & Auto		11. BIRTHPLACE (City and state or country) Taney Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Adams				14. MOTHER'S MAIDEN NAME Effie Harmon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 491034699		17. INFORMANT Mrs. Mattie Adams		Address 445 S. Robberson, Springfield, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9-18-57 to 10-18-1957 and last saw her/him alive on 10-16-57 Death occurred at 7:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or Print) H. C. Mitchell, Mo.				22b. ADDRESS Republic Mo.		22c. DATE SIGNED 10-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/21/1957	23c. NAME OF CEMETERY OR CREMATOR Greenlawn Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri		(State)
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.				25. DATE RECD. BY LOCAL REG. 10-29-57		26. REGISTRAR'S SIGNATURE Edith Wellman	

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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.....
J. Dean Harris

Licensed Embalmer No. 439

P. O. Address *Cleveland, OH*

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.