

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 15 1960

115-116

Primary Registration District No. 3020

Registrar's No. 9

=60-000931

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. CHARLES</b>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST. CHARLES</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>617 LINDENWOOD AV</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle Last <b>ADAMS</b>				4. DATE OF DEATH Month <b>JAN</b> Day <b>12</b> Year <b>1960</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 7, 1911</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Structural Steel Workers.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Construction.</b>		11. BIRTHPLACE (City and state or country) <b>McKenzie, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Adams.</b>			13b. MOTHER'S MAIDEN NAME <b>Vastie King.</b>			14. NAME OF DECEASED'S WIFE <b>Helen M. Adams.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>492-01-9012</b>		17. INFORMANT Address <b>612 Lindenwood, St. Charles, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture of skull and cerebral concussion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>trauma</b> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Subject drove vehicle into</b>						
20c. TIME OF INJURY Hour <b>11:45</b> p.m. Month, Day, Year <b>1/12/60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>near Stanton</b>		20f. CITY, TOWN, OR LOCATION <b>St. Charles</b>		COUNTY <b>Franklin</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>11:45 P</b> to <b>11:45 P</b> and last saw her him live on <b>1/12/60</b> Death occurred at <b>11:45 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <b>Cooper Union Mo</b>			22c. DATE SIGNED <b>1/10/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>JAN 13 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Charles Borromeo Cem</b>		23d. LOCATION (City, town, or county) <b>ST. CHARLES</b>		(State) <b>Mo</b>	
24. FUNERAL DIRECTOR <b>C. L. PRINSTER, ST. CHARLES Mo</b>			25. DATE RECD. BY LOCAL REG. <b>1/13/60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS APR 4 1961

JAN 28 1960

**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 Howard O. Keasler

Licensed Embalmer No. 4631

P. O. Address Wentzville,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.