URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-011594
STATE FILE NUMBER

FILED VS MAR 22 1960

Registration District No. 667 Primary Registration District No. 4256 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden — Length of stay in Tb: 11 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Twp. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First JAMES Middle HENRY Last ADAMS
4. DATE OF DEATH: Month March Day 13 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/10/1884
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant electrician
10b. KIND OF BUSINESS OR INDUSTRY: Power & Light
11. BIRTHPLACE (City and state or country): Hancock, Missouri
12. CITIZEN OF WHAT COUNTRY: U/S.A.
13a. FATHER'S NAME: George Adams
13b. MOTHER'S MAIDEN NAME: Eliza Atwell
14. NAME OF HUSBAND OR WIFE: Mary Alice Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: 486-10-7455
17. INFORMANT: Mary Alice Adams, Holden, Mo. — Address

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
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): Gen. Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 ~~2-12-58~~ 2-12-58 to and last saw ~~her~~ him alive on 3/13/60
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kelly Rawlins M.D.
22b. ADDRESS: Holden Mo
22c. DATE SIGNED: 3/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/15/60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Holden, Missouri.
24. FUNERAL DIRECTOR: Canaday & Ropp, Holden, Missouri — ADDRESS
25. DATE RECD. BY LOCAL REG.: 3-16-60
26. REGISTRAR'S SIGNATURE: Mrs G.V. Redford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3434

P. O. Address Holden, Misso

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