

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025675

FILED VS JUL 20 1960

Registration District No. 002 Primary Registration District No. 5018 Registrar's No. 47

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>ANDREW</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTE TOWNSHIP</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>ST. JOSEPH</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>2 mi. south Whitesville</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1112 Krug Park Place</b>			
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>J.</b> Last <b>ADAMS, Jr.</b>				4. DATE OF DEATH Month <b>July</b> Day <b>9</b> Year <b>1960</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</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>11-8-21</b>			
				9. AGE (last birthday) <b>38</b>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ice dock</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>meat packing</b>		11. BIRTHPLACE (City and state or country) <b>Gentry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		
13a. FATHER'S NAME <b>James E. Adams, Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Bell Huff</b>			14. NAME OF HUSBAND OR WIFE <b>Lila Lee Adams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WW II</b>			16. SOCIAL SECURITY NO. <b>500-36-4229</b>		17. INFORMANT <b>Lila Lee Adams</b>			Address <b>1112 Krug Park Place St. Joseph, 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>Self inflicted gun shot <del>wound</del>.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>		
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)						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 type="checkbox"/> SUICIDE <input checked="" 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 _____ a.m. _____ p.m. _____		Month, Day, Year _____							
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 _____, to _____ and last saw her <sup>her</sup> <del>him</del> <sup>alive</sup> <del>or</del> viewed deceased Death occurred at <b>3:00 AM</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Carl E Feil Act Coroner</b>				22b. ADDRESS <b>Savannah, Missouri</b>			22c. DATE SIGNED <b>7-11-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-11-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Whitesville Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Whitesville, Missouri</b>				
24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS SAVANNAH</b>			25. DATE RECD. BY LOCAL REG. <b>7-14-60</b>		26. REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1960

NOV 9 1960

APR 10 1961

JAN 29 1963

**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 James B. Hewkin

Licensed Embalmer No. 4536

P. O. Address Sevenson

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