URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-028049

STATE FILE NUMBER

FILED VS AUG 4 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7093

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2349 Park St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Raymond Middle S. Last Adams		4. DATE OF DEATH Month July Day 12 Year 1960	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒	8. DATE OF BIRTH 9/11/25
9. AGE (last birthday) 34	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) Elec. Appl. Rprman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gleeson Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Corbett Adams	13b. MOTHER'S MAIDEN NAME Bessie Spence	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Neal Adams Address 203 Pine Tree Lane Potterville Mich.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Pulmonary Oedema complete bilateral

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cirrhosis of the Liver, chronic

DUE TO (c) Myocarditis decompensated heart

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0

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 _____ to _____ and last saw her/him alive on _____

Death occurred at 1126 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J Simon Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 7/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 15,1960	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo (State)		
24. FUNERAL DIRECTOR Edward Fendler ADDRESS 5611 So. Grand Blvd.	25. DATE RECD. BY LOCAL REG. JUL 15 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AUG 8 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Prof Embalmer Ed.

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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