MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-036814
STATE FILE NUMBER

FILED VS OCT 17 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2767

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: County Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2648 NEBRASKA
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: MICHAEL Middle: R Last: ADAMS
4. DATE OF DEATH: Month: SEPT. Day: 16 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: NOV 10. 1946
9. AGE (last birthday): 13
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): STUDENT SEMINARIAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: U-S-A
13a. FATHER'S NAME: RAYMOND J ADAMS
13b. MOTHER'S MAIDEN NAME: LAVERNE C GUBSER
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RAYMOND J ADAMS Address: 2648 NEBRASKA

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): Asphyxia due to drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. ☐ 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.) Drowned while on Overnight Camping Trip at Sherman, Mo., when boat overturned
20c. TIME OF INJURY Hour: 8:30 pm (CST) Month, Day, Year: 9/16/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 35
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Meramec River
20f. CITY, TOWN, OR LOCATION: Sherman COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Harris (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 9/22/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT. 20 1960
23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.
24. FUNERAL DIRECTOR: Thomas Kurtis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: 9-17-60
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed Eleanor Provin

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 2906 Pa

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