

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039743
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5662

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

I. PLACE OF DEATH NOV 4 1963

a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE mo	b. COUNTY Jackson
Length of stay in lb OR TOWN 40 yrs.		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Med. Ct.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1004 W. 104th.
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **Minnie** Middle **C.** Last **Adams**

4. DATE OF DEATH Month **October** Day **19** Year **1963**

5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1876	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and state or country) **Altoona, Pa.**

12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Christopher Wicker**

13b. MOTHER'S MAIDEN NAME **Charlotte Eastwright**

14. NAME OF HUSBAND OR WIFE **Bernard J. Adams**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. _____

17. INFORMANT **Bernard J. Adams** Address **1004 W. 104th.**

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Rheumatic valvulities with multi emboli and infarctions**

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.
 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 _____

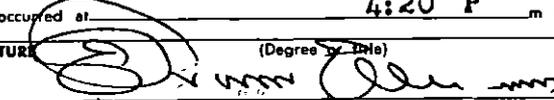
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 10-18-63 to 10-19-63 and last saw her/him alive on 10-19-63

Death occurred at 4:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  (Degree by Title) _____

22b. ADDRESS **2400 Cherry**

22c. DATE SIGNED **10-21-63**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **burial**

23b. DATE **10-23-63**

23c. NAME OF CEMETERY OR CREMATORY **St. Vincent**

23d. LOCATION (City, town, or county) (State) **Kaytown, Mo**

24. FUNERAL DIRECTOR **Blackman, Wernale** ADDRESS **7406 Wernale Rd KC Mo**

25. DATE RECD. BY LOCAL REG. **10-21-63**

26. REGISTRAR'S SIGNATURE **Bessie Smith**

(Attached to Registrar's Statement on Reverse Side)

8/38

0-82

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 Hugh Baird

Licensed Embalmer No. 4888

P. O. Address KC 24, MO

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.