

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039744
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5625

FILED NOV 1 1963

VS 300
Rev. 4/59

1
2 3358
3
4 0
5 1
6
7 1
8 2
9491x
10
11
12 76-0
13

DATE AMENDED
 10-24-63
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 Removal-Veterans' Administration Cem. 10-24-63
 Kansas City, Missouri
 Wadsworth, Kans.

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 33 YRS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4711 1/2 EAST 27TH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RALPH WOOD ADAMS			4. DATE OF DEATH Month Day Year OCTOBER 15, 1963
5. SEX MALE	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 12-24-89
9. AGE (last birthday) 73 YRS		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) PRESSER		10b. KIND OF BUSINESS OR INDUSTRY CLEANING	11. BIRTHPLACE (City and state or country) HASTINGS, NEBRASKA
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM E. ADAMS	
13b. MOTHER'S MAIDEN NAME NETTIE MORRIS		14. NAME OF HUSBAND OR WIFE GLADYS E. ADAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. VA HOSPITAL OFFICIAL RECORDS	
17. GLADYS E. ADAMS (WIFE)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAPHYLOCOCCAL PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL INFARCTION SUBARACHNOID HEMORRHAGE			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 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 s.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 VA		COUNTY STATE
21. Attended the deceased from SEPTEMBER 24, 1963 to OCTOBER 15, 1963 Death occurred at 9:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. J. Grimes		22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO	22c. DATE SIGNED 10-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE OCT. 18, 1963	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL VETERANS ADMINISTRATION CEM.	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI WADSWORTH KANSAS
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-18-63	26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK OR TYPEWRITER RIBBON

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

Harold P. Rich

Licensed Embalmer No. 4998

P. O. Address K. E. 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.

6-20-00

0-1-5

0-2-1