

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0027548

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 343

FILED JUL 26 1966

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 016P  
2 0161  
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4 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>			Length of stay in 1b <u>6 Wks!</u>		c. CITY OR TOWN <u>Jackson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Mo. Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>204 Bellevue St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cora Adams</u>						4. DATE OF DEATH Month Day Year <u>July 7 1966</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/2/1885</u>	
9. AGE (last birthday) <u>80 Yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Oak Ridge Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>Jack Clippard</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude McLane</u>	
14. NAME OF HUSBAND OR WIFE <u>John Q. Adams Dec.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>Wilson Crites Jackson Mo.</u>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adrenal Carcinoma Rt. Kidney</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
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 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 <u>4/8/1966</u> to <u>7/7/1966</u> and last saw her alive on <u>7/7/1966</u>				Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. ( <u>Wm. O. L. Seabaugh, M.D.</u> )			
22a. SIGNATURE <u>W. O. L. Seabaugh</u>				22b. ADDRESS <u>24 North Sprigg St. Cape Girardeau, Missouri</u>		22c. DATE SIGNED <u>7/12/1966</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/9/1966</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clippard</u>		23d. LOCATION (City, town, or county) (State) <u>Oak Ridge Mo.</u>	
24. FUNERAL DIRECTOR <u>McCombs Funeral Home Jackson Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-19-1966</u>		26. REGISTRAR'S SIGNATURE <u>Drene Kasten</u>	

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APR 10 1966

AUG 12 1966

**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 Bruce Jackson

Licensed Embalmer No. 5097

P. O. Address Jackson, 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.

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