

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041120

STATE FILE NUMBER

90-1-58
FILED DEC 9 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond 0296/0
c. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b 3 Hours	d. STREET ADDRESS (If outside, give location) 324 Wellington
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Rickie Eugene Adams			4. DATE OF DEATH Month Day Year 11 27 1958		
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5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/27/58	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months Days 3	IF UNDER 24 HRS. Hours Min. 3
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Richmond, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Marvin Eugene Adams	13b. MOTHER'S MAIDEN NAME Shirley Gay Fields	14. NAME OF HUSBAND OR WIFE never married
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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. none	17. INFORMANT Marvin Adams	Address Richmond, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURE BIRTH		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) INCOMPLETE SEPARATION	
	DUE TO (c) MEMBRANES	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7615		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.) _____
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____	20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from Death occurred at 11-27-58 to 11-27-58 and last saw him alive on 11-27-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. [Signature]	(Degree or title) _____	22b. ADDRESS Richmond	22c. DATE SIGNED 11-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/29/58	23c. NAME OF CEMETERY OR CREMATORY Sonny Slope Cemetery	23d. LOCATION (City, town, or county) Richmond, Missouri	(State) _____
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24. FUNERAL DIRECTOR Quest-Life Funeral Home	ADDRESS Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 12-4-1958	26. REGISTRAR'S SIGNATURE Mabel Jackson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Mama D. Bailey*

Licensed Embalmer No. *7-887*

P. O. Address *Richmond, Va*

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.