

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41008**

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4170** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY OR TOWN Union Star
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) _____ c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) 12.7.1956	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6.24.1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Goodland Kans.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME E.E. Goodrich	13b. MOTHER'S MAIDEN NAME Evelyn Phillips	14. NAME OF HUSBAND OR WIFE Luther 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 498-42-2819	17. INFORMANT'S SIGNATURE OR NAME Luther Adams. Union Star Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-1**, 19**56**, to **12-7**, 19**56**, that I last saw the deceased alive on **12-1**, 19**56** and that death occurred at **3 P.** m., from the causes and on the date stated above.

22a. SIGNATURE Jack Baines (Degree or title) Coroner	22b. ADDRESS King City Mo.	22c. DATE SIGNED 12.9.56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12.10.1956	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star Mo.
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DATE REC'D BY LOCAL REG. 12.12.56	REGISTRAR'S SIGNATURE Russell Davidson	25. FUNERAL DIRECTOR'S SIGNATURE R.H. Tappert ADDRESS King City Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *R. G. Taggart*

Licensed Embalmer No. 2563.....

P. O. Address King City 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.