

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039389  
STATE FILE NUMBER

FILED DEC 2 1958

Registration District No. 19 Primary Registration District No. \_\_\_\_\_ Registrar's No. 44

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poik Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Union Star</u> <u>0320</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Length of stay in lb <u>30 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Rural</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>(NMN)</u> Last <u>Adams</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWER <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 18, 1885</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Holt. County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Grace (Deceased)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-42-3390</u>	17. INFORMANT <u>Lloyd Adams</u>	Address <u>Union Star, Mo.</u>
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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) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	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)		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 _____ 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 <u>Union Star</u>	COUNTY _____ STATE _____
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21. I attended the deceased from <u>1956</u> to <u>11-23-5</u> and last saw her alive on <u>11-23-58</u> Death occurred at <u>2:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Jack H. Barnes D.O.</u>	(Degree or title) <u>2</u>	22b. ADDRESS <u>King City, Mo</u>	22c. DATE SIGNED <u>11-24-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 26, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Star Cem.</u>	23d. LOCATION (City, town, or county) <u>Union Star, Mo.</u>	(State) _____
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24. FUNERAL DIRECTOR <u>Taggart-Woodrel</u>	ADDRESS <u>King City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Jack H. Barnes</u>
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All diseases in Part I must be causally related.  
 physician, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

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 E. Woodrel*

Licensed Embalmer No. *4609*

P. O. Address *King City*

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.