

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

22779

FILED AUG 3 1948

Registration District No.

120

Primary Registration District No.

5449

Registrar's No.

78

## 1. PLACE OF DEATH:

(a) County Gentry - Jackson Twp.  
(b) City or town King City R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Farm Home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All Life.  
years, months or days)

3. (a) PRINT FULL NAME Charles Alva Adams

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Cau. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Artie A 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased May 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 1 16 hr. min.

9. Birthplace King City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer11. Industry or business same

MOTHER FATHER { 12. Name ABA G. Adams  
13. Birthplace Randolph Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nevada B. Mumford  
15. Birthplace Buchanan Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Artie A. Adams  
(b) Address King City Mo. R.R.  
17. (a) Burial (b) Date thereof 7.19.1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. H. Agnew  
(b) Address King City Mo.  
19. Date received local registrar July 24-1948 (Registrar's signature) 103

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38  
(c) City or town King City 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural )  
(If rural, give location) )  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from July 16 1948 to July 16 1948  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 hrs  
+ Mutual resuscitation 4 hrs  
Due to Coronary Thrombosis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (f) Means of injury \_\_\_\_\_  
23. Signature E. B. Blackstock (M. D. \_\_\_\_\_)  
Address King City Mo. Date signed 7-19-48

**DISTRICT HEALTH OFFICE**  
**Camden, Mo.**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**