

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40493**

Registration District No. **156**

Primary Registration District No. **224**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mrs Plunketts Nursing Home 4
2111 Sergeant Ave. Joplin, Mo.
(If outside city or town limits, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Approx. 80 Years**
years, months or days

3: (a) PRINT FULL NAME **Eduard L. ADAMS**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 30th. 1867**
(Month) (Day) (Year)

8. AGE: Years **81** Months **0** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Miner**

11. Industry or business _____

12. Name **John W. Adams**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Ann Lawler**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elema Grissom**

(b) Address **2651 East 8th. Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Thornhill-Dillon**

(b) Address **305 West 4th St. Joplin, Mo.**

19. (a) **12-23-48** (b) **Ed. Adams**
(Date received local registrar) (Signature)

(c) **14** (d) **14**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **2651 East 8th. Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21st.**
year **1948** hour **7:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec. 18th**
19 **18** to **Dec. 18th** 19 **48**
that I last saw him alive on **Dec. 18th**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Stroke**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **830**

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)

(e) Means of injury **3**

23. Signature **Dr. John H. Morgan** (Physician or other) **HC**

Address **213 Miners Bank Bldg** Date signed **12-23-48**

Joplin, Mo

WRITE PLAINLY—USE 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.....

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

Signed.....

Cecil A. Thornhill

Licensed Embalmer No.

3590

P. O. Address.....

Joplin Missouri

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