

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH11806
State File No.

BIRTH NO.		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u> c. LENGTH OF STAY (In this place) <u>5 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u> d. STREET ADDRESS (If rural, give location) <u>121 W. Fields Blvd</u>			
3. NAME OF DECEASED (Type or Print) <u>LEVI</u>		a. (First) <u>F</u>		b. (Middle) <u>ADAMS</u>		c. (Last) <u>ADAMS</u>	
4. DATE OF DEATH <u>May 4, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 25, 1861</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>		11. BIRTHPLACE (State or foreign country) <u>Fair Play, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Levi F. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah E. Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>- - -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marlene Adams</u> ADDRESS <u>121 Fields Blvd, Eldorado Spgs. Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic hypertrophy, severe</u> DUE TO (c) <u>- - -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 Wks.</u> <u>610X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7 Apr.</u> 1949, to <u>5 May</u> 1949 that I last saw the deceased alive on <u>5 May</u> 1949, and that death occurred at <u>4:08</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John G. Hill M.D.</u>		(Degree or title)		23b. ADDRESS <u>Eldorado Springs, Mo.</u>		23c. DATE SIGNED <u>7 May 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/6/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAY 7, 1949</u>		REGISTRAR'S SIGNATURE <u>George W. Nofziger</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John G. Hill</u>		ADDRESS <u>Eldorado Springs, Mo.</u>	

(Licensed Embalmer's Placement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 4-49-542
Date Filed 5-11-79

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
Student Embalmer

Signed Joseph E. Carathas
Licensed Embalmer No. 4419
P. O. Address 2100 Duane Spg, m

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.