

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14783

State File No. _____

FILED MAY 26 1949

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5070 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Milford Jasper		c. CITY (If outside corporate limits, write RURAL and give township) Brown - Milford Jasper	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) David Grant Adams	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1949
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 7 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fulton, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Mackeral Adams	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sarah Ellen Teal
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Bessie Mae Teal, Milford, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		12 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Infirmities of age		3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7950	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 4, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 2A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Karl K. Healy, D.O. - Lamar, Mo.	23b. ADDRESS	23c. DATE SIGNED 4/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Howell Cemetery	24d. LOCATION (City, town, or county) (State) Milford, Mo.
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DATE REC'D BY LOCAL REG. May 11-26-49	REGISTRAR'S SIGNATURE Marie Kanantz	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home	ADDRESS Lamar, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

6
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RECEIVED

District Health Officer No. 6,

District File Number 549-569

Date Filed 5-23-49

SEP 2 1960

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 Clarence W. Chiles

Licensed Embalmer No. 2413

P. O. Address Lama Meo

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.