

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15709

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2165

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Kansas</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasanton</b>	
c. LENGTH OF STAY (in this place) <b>8 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robinson Clinic</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b> b. (Middle) <b>L.</b> c. (Last) <b>Adams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 31, 1872</b>
9. AGE (in years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <b>Certified Public Acct.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James D. Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Siceloff</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Jennie Adams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jessie M. Schoeber, Independence, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Semility 4201</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 10, 1949</u> , <u>May 18, 1949</u> , that I last saw the deceased alive on <u>May 17, 1949</u> , and that death occurred at <u>5-9 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Louise B. Loewy</b> (Degree or title)		23b. ADDRESS <b>2625 West Paseo</b>	23c. DATE SIGNED <b>5/18/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>5-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Pleasanton, Kansas</b>
DATE REC'D BY LOCAL REG. <b>5-18-49</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>	

*H. Harvey*

**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.

Signed *Willie H. Bennett*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *K. C., Mo.*

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.