

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30063

FILED OCT 1 1949

State File No. 3905

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3905</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>25 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>11748</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>300 WEST ARMOUR BLVD.</u>			
3. NAME OF DECEASED a. (First) <u>PERCIVAL</u>			b. (Middle) <u>ALFRED</u>		c. (Last) <u>ADAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-10-1949</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>OCT-1-1886</u>	9. AGE (In years last birthday) <u>62 YEARS</u>		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FIRE PROOF WAREHOUSE Co</u>		11. BIRTHPLACE (State or foreign country) <u>WHITE CITY KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT ADAM</u>			13b. MOTHER'S MAIDEN NAME <u>MAUDE DODDERIDGE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. LOTTIE M. ADAM</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-09-3805</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LOTTIE M. ADAM</u>		ADDRESS <u>300 WEST ARMOUR KANSAS CITY 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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterial Hypertension</u>		<u>15 yrs.</u>	
		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		<u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 5th 1934</u> to <u>9/10, 1949</u> , that I last saw the deceased alive on <u>9/9, 1949</u> , and that death occurred at <u>9:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James D. Smith</u> (Degree or title)				23b. ADDRESS <u>318 Prof. Bldg. K.C. Mo</u>		23c. DATE SIGNED <u>9/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>SEPT-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EMMAORIA, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-12-49</u>		REGISTRAR'S SIGNATURE <u>St. Aldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.N. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MISSOURI</u>	

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

one embalmer only

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 Bernard L. Moran

Licensed Embalmer No. 4250

P. O. Address 140 Mc

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.