

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5655

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 2 yrs.		d. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2001 South Moniteau				e. STREET ADDRESS 2001 South Moniteau			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) M.		c. (Last) ADAIR	
4. DATE OF DEATH		(Month) Feb.		(Day) 15,		(Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Feb. 16, 1882		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Todd Adair		13b. MOTHER'S MAIDEN NAME Mary Neitzert		14. NAME OF HUSBAND OR WIFE Pinkey Ford Adair			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME Mrs. Melvin Vinson, daughter		ADDRESS Sedalia, Mo. 2001 S. Moniteau	
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)		Coronary Occlusion					
ANTECEDENT CAUSES		DUE TO (b) Acute Myocarditis					
DUE TO (c) Chronic Interstitial Nephritis						592X	
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 ☐ 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)			
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 9-12-1948, to 2-15-1950, that I last saw the deceased alive on 2-15-1950, and that death occurred at 4 P. M., from the causes and on the date stated above.							
23a. SIGNATURE A. R. Maddox M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 2-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/17/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 2/17/50		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE R. E. Ewing		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 20
District Health Officer No. 8,
District File Number _____
Date Filed 3-1-50

Handwritten signature

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer _____

Signed _____

Signature of Duane Ewing

Licensed Embalmer No. 2847

P. O. Address Edalia, W. Va.

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.