

FILED MAY 6 1950

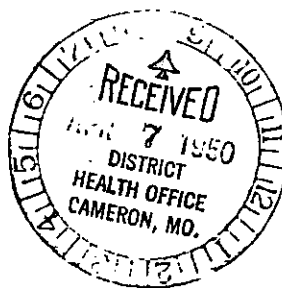
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12438

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>6377</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH <u>Farm Home.</u> a. COUNTY <u>DeKalb Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>DeKalb Co</u> <u>MO</u> COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville R.R.</u>		c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville Mo. R.R.</u> <u>0320</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jonas Albert</u>		b. (Middle) <u>Adamson</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3.21.1950</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>4.12.1874</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ithamet Adamson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda McCammon</u>		14. NAME OF HUSBAND OR WIFE <u>Adeline Adamson.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adeline Adamson Maysville Mo. R.R.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>534X</u>				INTERVAL BETWEEN ONSET AND 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)			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>3.21.1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. S. Gale M.D. Coroner</u>		23b. ADDRESS <u>Osbourn Mo.</u>		23c. DATE SIGNED <u>3.23.1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3.23.1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairport</u>		24d. LOCATION (City, town, or county) (State) <u>Fairport Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-50</u>		REGISTRAR'S SIGNATURE <u>R. P. Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Harrison</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.