

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17112

State File No.

Registrar's No. 2522

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		Registrar's No. 2522	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) 10 min.		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		b. COUNTY JASPER	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 2301 MURPHY			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) A.		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) MAY 18 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH DEC. 12, 1876	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) NO RECORD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) NO RECORD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NO RECORD		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. DOUGLAS COLLINGS		ADDRESS JOPLIN	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last: DUE TO (b) Atrial fibrillation DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. My hypertension, moderate INTERVAL BETWEEN ONSET AND DEATH 1 yr. 4331 5? yrs							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE No (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) X (COUNTY) (STATE)			
21d. TIME OF INJURY none (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from Mar. 24, 1949, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 5:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE O.T. Blauke, M.D.		(Degree or title)		23b. ADDRESS 725 Third St., JoPlin Mo		23c. DATE SIGNED 5-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/50		24c. NAME OF CEMETERY OR CREMATORY CAVE SPRINGS		24d. LOCATION (City, town, or county) SARCOXIE MO (State)	
DATE REC'D BY LOCAL REG. 5-20-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE HUEL BUT GLOVER		ADDRESS JOPLIN	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-29-50
Jasper County Health Office

County File Number 50-5-432

Date Filed 5-29-50

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

EVERETT HICKS
working under my personal supervision.

Student Embalmer No. 372

Signed Ernest A. Biss
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.