

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0462 20054
State File No. _____

FILED JUL 8 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2729

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Co.</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 50 & Coburn Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>June</u>	b. (Middle) <u>W</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2 Feb 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HOURS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hostess</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unity Com. Club</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Mackay</u>	13b. MOTHER'S MAIDEN NAME <u>Emanda Bails</u>	14. NAME OF HUSBAND OR WIFE <u>John Quincy Adams</u>
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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>495-01-9680</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Belle Davison</u>	ADDRESS <u>Springfield, Colorado</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pyelonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 min</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Renal Calculi</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 1950 to _____, 19____, that I last saw the deceased alive on 6-22-50 and that death occurred at 11:23 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Schaffer</u> (Degree or title) <u>MD Pathologist</u>	23b. ADDRESS <u>St. Luke's Hospital</u>	23c. DATE SIGNED <u>6-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>154-1214</u>	24b. DATE <u>24 June 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Triplett Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-23-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Motor Funeral Home</u>	ADDRESS <u>NKK</u>
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(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.

Signed.....

Harold L. Poason

Signed.....

Student Embalmer

Licensed Embalmer No. *3605*

P. O. Address. *Parkville, Md*

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.