

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23457**
Registrar's No. **2988**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1005		Registrar's No. 2988	
1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City) c. LENGTH OF STAY (in this place) 3 wks d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) Meridian d. STREET ADDRESS (If rural, give location) 8110 X 8			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Faye c. (Last) Adams			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1950				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 7, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Ada County, Idaho		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clinton Matlock		13b. MOTHER'S MAIDEN NAME Mary Sexton		14. NAME OF HUSBAND OR WIFE Noah E. Adams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 536 22 0784		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Noah E. Adams, Meridian, Idaho			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES DUE TO (b) Multiple Rib Fractures DUE TO (c) Automobile Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 car collision				INTERVAL BETWEEN ONSET AND DEATH 21104 5:00 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson (Ada) (Id)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-20-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Automobile Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40P m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3				23b. ADDRESS 3447 Park St H.C. Id		23c. DATE SIGNED 7-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE July 9, 1950		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Meridian, Idaho	
DATE REC'D BY LOCAL REG. 7-8-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Bob Carson		ADDRESS Independence, Mo.	

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. A. Lisle* _____

Licensed Embalmer No. *4123* _____

P. O. Address *Independence, 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.