

FILED SEP 11 1950

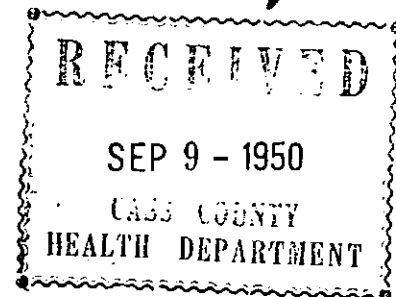
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26282

BIRTH NO. _____		REG. DIST. NO. 3		PRIMARY REG. DIST. NO. 4092		Registrar's No. 133	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Archie</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Archie</u> 0190			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reed</u> b. (Middle) <u>Wheeler</u> c. (Last) <u>Adams</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1-1950</u>			
5. SEX <u>M.</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 6-1905</u>	
9. AGE (In years last birthday) <u>45</u>		10. MONTHS <u>12</u>		11. HOURS <u>12</u>		12. MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work and place of working, if any. If retired, state so.) <u>Methodist Minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (State or foreign country) <u>Windsor Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13. FATHER'S NAME <u>John F Adams</u>				14. MOTHER'S MAIDEN NAME <u>Serena Wheeler</u>			
15. NAME OF HUSBAND OR WIFE <u>Ruth Adams</u>				16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			
17. SOCIAL SECURITY NO. <u>None</u>				18. INFORMANT'S SIGNATURE OR NAME <u>Ruth Adams</u> ADDRESS <u>Archie, Mo.</u>			
19. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Rt Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>CARCINOMA Rt Testicle</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			
19a. DATE OF OPERATION <u>1949</u>				19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA Rt Testicle</u>			
20. AUTOPSY? YES ☐ NO ☒				21. INTERVAL BETWEEN ONSET AND DEATH <u>178X</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Archie</u>		21d. (COUNTY) <u>—</u> (STATE) <u>Mo</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>		21f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21g. HOW DID INJURY OCCUR? <u>—</u>		21h. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>July 1, 1950</u> , to <u>Sept 1, 1950</u> , that I last saw the deceased alive on <u>Sept 1, 1950</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Sept 2, 1950</u>	
24a. BIRTHPLACE (State or foreign country) <u>Bethel</u>		24b. DATE <u>Sept 4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethel Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Sept 2, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Archie, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



SEP 14 1950

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

Hoyd Atkins

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

no.