

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1130
State File No. 29246

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6275 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Worth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Worth

b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Grant City Mo c. LENGTH OF STAY (in this place) 25 yrs

c. CITY (If outside corporate limits, write RURAL and give township) Rural Grant City Mo - Smith Twp

d. FULL NAME OF HOSPITAL OR INSTITUTION Home

d. STREET ADDRESS (If rural, give location) 3 miles NE of Allendale Mo

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) Vincent c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year) July 31 1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept 28-1891

9. AGE (in years last birthday) 58 10. 10 11. 3 12. +

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Worth County

12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME William P. Adams

13b. MOTHER'S MAIDEN NAME Margaret Ewing

14. NAME OF HUSBAND OR WIFE Audra Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Audra Adams Grant City Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Common Bile Duct INTERVAL BETWEEN ONSET AND DEATH 15.5X
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION April 24, 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma Common Bile Duct with Metastasis

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 5P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Madison MD

23b. ADDRESS Grant City Mo

23c. DATE SIGNED 8/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 2-1950

24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery

24d. LOCATION (City, town, or county) (State) Allendale Mo

DATE REC'D BY LOCAL REG. Aug 11-1950

REGISTRAR'S SIGNATURE John E. Dawson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Anderson Grant City Mo

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

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1

AUG 26 1952



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.....

John Andrews

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant 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.