

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29416

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1104</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</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>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3168</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3617 Penn</u>				d. STREET ADDRESS (If rural, give location) <u>1106 A E. 12<sup>th</sup></u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ethel</u>		b. (Middle) <u>GERTRUDE</u>		c. (Last) <u>Adams</u>			
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>29</u>		(Year) <u>1950</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>FEB 3, 1906</u>			
9. AGE (In years last birthday) <u>44</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>26</u>		11. BIRTHPLACE (State or foreign country) <u>MARYSVILLE KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>		11. BIRTHPLACE (State or foreign country) <u>MARYSVILLE KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Robert Wm. Crane</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Ruth Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Collins Adams</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Wm. Crane</u> ADDRESS <u>-</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA LIVER</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC PARENCHYMATOUS NEPHROSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>  <u>15. A</u>  <u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>none</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>Sept. 13</u> , 19 <u>50</u> , to <u>Sept 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept. 29</u> , 19 <u>50</u> , and that death occurred at <u>12:30 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Allen Ideman</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>620 Francis</u>		23c. DATE SIGNED <u>9-30-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1 Oct 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wathena Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>Sept 30, 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Jenkins</u> ADDRESS <u>Savannah, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

*C. Dean Cook*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4670

P. O. Address Savannah, 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.