

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29784

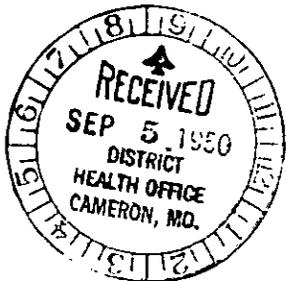
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 715

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u> <u>11241</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Excelsior Springs</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>303 K.C. Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Kansas City Ave</u>		d. STREET ADDRESS (If rural, give location) <u>303 K.C. Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELA</u>		b. (Middle) _____	
c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 23 1878</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Rural Clay Co</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Means</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Combs</u>	
14. NAME OF HUSBAND OR WIFE <u>#####</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maude Douglas *</u>		ADDRESS <u>Excelsior Springs Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lung (metastatic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary lesion unknown</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 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-13</u> , 19 <u>50</u> , to <u>8-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-16</u> , 19 <u>50</u> , and that death occurred at <u>9:15 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>George E. Sanders M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo</u>	
23c. DATE SIGNED <u>8-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Means Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Mosby Missouri</u>
DATE REC'D BY LOCAL REG. <u>8/18/50</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Sunil Home - Excelsior Spgs Mo</u>	
		ADDRESS	



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

James A. Moles

Licensed Embalmer No. *3296*

P. O. Address

Exclusion Spgs N

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.