

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41307

State File No.

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5604 Registrar's No. 29

510

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> <u>0510</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montserrat</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montserrat</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#3</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#3</u>	

3. NAME OF DECEASED (Type or Print) <u>George</u>	a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 12, 1950</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>July 26, 1866</u>	9. AGE (In years last birthday) <u>84</u>	If UNDER 1 YEAR Months Days	If UNDER 12 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Parman</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Haller Adams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hartley Adams</u> ADDRESS <u>Kansas City, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept, 1950, to 12-12, 1950, that I last saw the deceased alive on 11-30, 1950, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. F. McKinney M.D.</u> (Degree or title)	23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>12-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>Edna L. Beatty</u> <u>149</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u> ADDRESS <u>Warrensburg, Mo.</u>
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RECORDED
DEC 20 1950
JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. B. ...

Signed
Student Embalmer

Licensed Embalmer No. 3379

P. O. Address Wrensburg, 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.