

FILED FEB 14 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 597

Dr. McHaney

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 38yrs		d. STREET ADDRESS (If rural, give location) 308 Lafayette Street	
3. NAME OF DECEASED (Type or Print) a. (First) Logue b. (Middle) Asher c. (Last) Adams			4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH July-19-1883
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroading	11. BIRTHPLACE (State or foreign country) Camp Point, Ills /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Adams	
13b. MOTHER'S MAIDEN NAME Florence Asher		14. NAME OF HUSBAND OR WIFE Rose 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. 702-14-4060	17. INFORMANT'S SIGNATURE OR NAME Mrs. L.A. Adams, Jefferson City, Mo
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) <i>Hypostatic pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>uremia due to</i> DUE TO (c) <i>chronic nephritis &amp; prostatic trouble</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral thrombosis 2 days</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>5927</i>	
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 <i>Jan 5</i> , 1951, to <i>Jan 6</i> , 1951, that I last saw the deceased alive on <i>Jan 6</i> , 1951, and that death occurred at <i>4:30 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John W. McHaney MD</i>		23b. ADDRESS <i>Jefferson City, Mo.</i>	23c. DATE SIGNED <i>2/7/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-8-1951	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
DATE REC'D BY LOCAL REG. Feb 7-1951	REGISTRAR'S SIGNATURE <i>R.P. Norris MD-NR</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bob J. Jordan</i>	ADDRESS Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 2

District File Number .....

Date Filed 2-13-51

FEB 21 1951

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FEB 4 4 1951

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

Licensed Embalmer No. 1286

P. O. Address Jefferson 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.