

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7165

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4474		Registrar's No. 8		
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>75 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		0970		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 N. ELM</u>				d. STREET ADDRESS (If rural, give location) <u>305 N. ELM</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5-1951</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 3, 1863</u>		
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>8</u>		11. DAYS <u>2</u>		12. IF UNDER 14 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEOSHO, MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>								
13. FATHER'S NAME <u>Thomas A. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE MCLENNON</u>		14. NAME OF HUSBAND OR WIFE <u>ADDIE JOHNSON Adams</u>				
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 ADDRESS <u>GUS ADAMS-SWEET 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>infirmities of old age</u> 2. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <u>Jan</u> , 19 <u>50</u> , to <u>5 Mar</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5 Mar</u> , 19 <u>51</u> , and that death occurred at <u>10:50</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Ralph H. Jones</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>7 Mar 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS MO</u>		
DATE REC'D BY LOCAL REG. <u>13/7/51</u>		REGISTRAR'S SIGNATURE <u>Dolley Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Tucker</u>		ADDRESS <u>Sweet Springs, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

3-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-12-51

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

L. F. Parker

Licensed Embalmer No. 3840

P. O. Address *Sweet Springs, 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.