

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15225

State File No.

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY <u>Solinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshallsburg</u> - township <u>2002</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u> <u>MO. 0300</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marshall</u> <u>MO R # 3.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>✓</u>		c. (Last) <u>Adams</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>April 12-1896</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>17</u> Days <u>17</u>		11. IF UNDER 24 HRS. Hours <u>17</u> Mins. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas County, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wilcox Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Hilderbrand</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-14-0151A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Noah Adams</u>		ADDRESS <u>Buffalo, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
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>1946 to Apr. 1951</u> , that I last saw the deceased alive on <u>6-29</u> , 1951, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. V. Gammann</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Buffalo, MO.</u>		23c. DATE SIGNED <u>5-7-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scraper</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas County, MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 8-1951</u>		REGISTRAR'S SIGNATURE <u>Bidney J. Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Wagner</u> ADDRESS <u>Buffalo, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-14-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-14-51 _____

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

Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address *Buffalo, N.Y.*

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.