

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21997

21997

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 1005		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZ</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>ADAMS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4-51</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <u>never married</u> DIVORCED, <u>divorced</u> (Specify)		8. DATE OF BIRTH <u>Nov. 2-1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>76</u>		11. BIRTHPLACE (State or foreign country) <u>Stockton, Kans</u>	
13a. FATHER'S NAME <u>John Adamson</u>				13b. MOTHER'S MAIDEN NAME <u>Ester Carrell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. of 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>Paul F. Adamson</u> ADDRESS <u>Appleton City, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>hemorrhage over</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pernicious anemia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</u>				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) m.		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>June 1</u> , 19 <u>40</u> , to <u>Aug 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 3</u> , 19 <u>51</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Hinner MD</u> (Degree or title)				23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>8-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo</u>	
DATE REC'D BY LOCAL REG <u>Aug 6-1951</u>		REGISTRAR'S SIGNATURE <u>Marshall Kersing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-14-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-14-51 _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

Oscar Eckhoff

Licensed Embalmer No. 5942

P. O. Address Appleton 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.