

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22409

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5257</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u>				b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon-Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon-Rural 0210</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) <u>DAVE</u>				b. (Middle) <u>Adams</u>	
c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>July 26-1951</u>					
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 1-1881</u>		9. AGE (In years last birthday) <u>70</u> <u>0</u> <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Chariton Co° MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John D. Adams</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Sportsman</u>			14. NAME OF HUSBAND OR WIFE <u>EMMA Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Adams</u>				ADDRESS	
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>Primary Adeno-carcinoma of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Associated Chronic Nephritis</u>				<u>10 yrs.</u>	
				DUE TO (c) <u>Hypertension-Myocardial Infarction</u>				<u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>†</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>177X</u>		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>Feb.</u> , 19 <u>49</u> , to <u>July 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 26</u> , 19 <u>51</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. P. Fowler</u> (Degree or title) <u>648</u>				23b. ADDRESS <u>Brunswick, Missouri</u>		23c. DATE SIGNED <u>7/28/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer</u>		24d. LOCATION (City, town, or county) (State) <u>Near Mendon MO</u>			
DATE REC'D BY LOCAL REG. <u>7-28-51</u>		REGISTRAR'S SIGNATURE <u>Mildred Burr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Shepard</u>		ADDRESS <u>Mendon MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: AUG 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1387
Date Filed: AUG 3 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 *S. L. Lipard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon 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.