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# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32454**  
Registrar's No. **168**

BIRTH NO. _____		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>3002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO</b>		c. LENGTH OF STAY (In this place) <b>4 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LADDONIA 0040</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AUDRAIN COUNTY HOSP</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) <b>JOSEPH</b>		a. (First)		b. (Middle) <b>EDWARD</b>		c. (Last) <b>ADAMS</b>	
4. DATE OF DEATH <b>NOV 7 - 1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	
8. DATE OF BIRTH <b>FEB 15 - 1872</b>		9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>PIKE COUNTY MO</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CROP</b>		11. BIRTHPLACE (State or foreign country) <b>PIKE COUNTY MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>WM. ADAMS</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA LAWRENCE</b>		14. NAME OF HUSBAND OR WIFE <b>AMANDA T. ADAMS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>AMANDA T. ADAMS</b> ADDRESS <b>LADDONIA, MO</b>			
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) <b>Myocarditis &amp; cerebral arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>				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 <b>Oct 12, 1951</b> , to <b>11-7, 1951</b> , that I last saw the deceased alive on <b>11-6, 1951</b> , and that death occurred at <b>7:25 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James O. Lankford M.D.</b> (Degree or title)				23b. ADDRESS <b>Marion Mo.</b>		23c. DATE SIGNED <b>11-8-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-8-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>MEXICO MO.</b>	
DATE REC'D BY LOCAL REG. <b>Nov 8-1951</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. Arnold &amp; Son Mo</b> ADDRESS _____			

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

Date Received: NOV 13 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-2017  
Date Filed: NOV 13 1951

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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.....

Licensed Embalmer No. 4628

P. O. Address Mexico, 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.