

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33991**

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

**FILED NOV 10 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 150

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Twp</u> c. LENGTH OF STAY (in this place) <u>9 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3328</u> d. STREET ADDRESS (If rural, give location) <u>1417 Colorado 1</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>LISETTE E. ADRAIN</u> a. (First) <u>LISETTE</u> b. (Middle) <u>E.</u> c. (Last) <u>ADRAIN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>11-1-1951</u>	
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>W</u>	<b>8. DATE OF BIRTH</b> <u>10-5-1859</u>
<b>9. AGE</b> (In years last birthday) <u>92</u> If under 1 year: Months _____ Days _____ If under 18 hrs: Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>NONE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>NONE</u>
<b>11. BIRTHPLACE</b> (State or foreign country) <u>SOST, Germany</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>WILLIAM ELDRICK</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MAVIA KOSTMAN</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>GEORGE ADRIAN</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Jackson Co. Home, Rt. #4 - Indep. Mo</u>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>degenerative 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>senility</u>  DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>4343</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE-HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>October 22, 1951</u>, to <u>November 1, 1951</u>, that I last saw the deceased alive on <u>November 1, 1951</u>, and that death occurred at <u>8:15 AM</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>W. H. Hudson</u>		<b>23b. ADDRESS</b> <u>with bank bldg Independence Mo</u>	<b>23c. DATE SIGNED</b> <u>11/2/51</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>24b. DATE</b> <u>11-3-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MT. HOPE</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY KS</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-3-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ronald C. Emslow</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilliey-Ey/AR</u>	<b>ADDRESS</b> <u>K.C.MO.</u>

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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

*J. M. Taylor*

Licensed Embalmer No. *3249*

P. O. Address *K C*

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.