. filtr	.;	THE DIVISION OF H	ALTH OF MISSOURI		37011
FIRED NOV 2	20 1951	STANDARD CERTIF	ICATE OF DEATH	State File No	
BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO.	7463 Registrar's No	978
I. PLACE OF DEA	тн re <b>g</b> ne	0390	2. USUAL RESIDENCE a. STATE hisson	(Where deceased lived, It to	actitution: residence before admission).
TOWN	purate limits, write RU	(RAL and give ) C. LENGTH OF STAY (in this place)	c. CITY (If outside corporate lim	its, write RURAL and give tow	3.468
		sitution give strate address or location)	d. STREET (If run ADDRESS 3407	Thest Colem	no Road
3. NAME OF DECEASED (Type or Print)	a. (First) CALEB	b. (Middle)  MARTIN	c. (Last) ADAMS	4. DATE (Month) OF DEATH	(Day) (Year)
	OLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDGWED, DIVORCED (Specify)	LA DATE OF BIRTH		R I YEAR   F DECER M HAS.   Days   Hours   Min.
10s. USUAL OCCUPATIO	N (Give kind of work gille, everyly retired)	10b. KIND OF BUSINESS OR IN-	/		12. CITIZEN OF WHAT COUNTRY?
3a. FATHER'S NAME	adam	13h. Moder's MAIDEN		AME OF HUSBAND OR WI	Edams
15. WAS DECEASED EVER	R IN U.S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO. 1495-05-3079	17. INFORMANT'S SIG	NAME OF NAME	ADDRESS
18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	MEDICAL	ERTIFICATION	ill time	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CAU	ISES  if any, giving DUE TO (b) use (a) stating			inst.
etc. It means the dis- case, injury, or complica- tion which caused death.	II. OTHER SIGNIFI	DUE TO (c)  CANT CONDITIONS  ting to the death but not or condition causing death.		£8164 26	-
19a. DATE OF OPERA- TION		NGS OF OPERATION		-	20. AUTOPSY?
21a. ACCIDENT SUICIBE HOMICIBE.		b. PLACFOF INJURY (e.g., in or about one, text, factory street, office iddg., etc.)	21c. (CITY, TOWN OF TOWNS	(COUNTY)	(STATE)
21d. TIME (Month)		OUT) 21e. INLORY OCCURRED WHILE AT WORK AT WORK	217. HOW DID WJURY OCCUR		39
22. I hereby certify the			5%Dm., from the cause	, 19, that I la	est saw the deceased
20. SIGNATURE	unjeko	Degree or title)	23b. ADDRESS	1 Jus	23c. DATE SIGNED
24a. BURIAL, CREMA- TION REMOVAL PROPERTY	246 DATE 11-16-	24c. NAME OF CEMETER	# / W	ATION (Oity, town, or counsel City, M	inty) (State)
DATE REC'D BY LOCAL	REGISTRAR'S SI		5. FUNERAL DIRECTOR'S J.W.Klingner &	SI GNATURE A	Mo.
<del></del>	-450-	A Falancia S	tetament on Remove Cide's	<del></del>	

## 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	
Thereby certainy that the body whose name is recorded on the reverse side or this	Student Embalmer No.	/
		******

Student Embalmer

working under my personal supervision.

Licensed Embalmer No

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.