

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4449

State File No.

FILED FEB 18 1952

BIRTH NO. 2-12-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Da De</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Mo.</u>		c. LENGTH OF STAY (in this place) OR TOWNSHIP <u>Two Months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> 0061	
d. STREET ADDRESS (If rural, give location) <u>712 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>C.</u> c. (Last) <u>McAdow.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9th 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 22nd 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u>	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>David Houston McAdow</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Knauer</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna McAdow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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>Robert McAdow</u>		ADDRESS <u>Lockwood 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> 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 <u>4500</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)		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>1-12-</u> , 19 <u>52</u> , to <u>2-6-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-6-</u> , 19 <u>52</u> and that death occurred at <u>5P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.D. Combs M.D.</u> (Degree or title)		23b. ADDRESS <u>Lockwood Mo</u>	
23c. DATE SIGNED <u>2-9-52</u>			
24a. BURIAL, CREMATORY, REINTERMENT (Specify) <u>Church</u>		24b. DATE <u>Feb. 12th 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Weir 79</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence M. Child</u>		ADDRESS <u>Lamar Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Genoa 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.