

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6078

FILED FEB 25 1952

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>40</u>					
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wabash Employees' Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>612 West Coates Street</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Samuel</u>		b. (Middle) <u>Benjamin</u>		c. (Last) <u>ADAMS</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Apr. 6, 1868</u>					
9. AGE (In years last birthday) <u>83</u>		10. MONTH <u>10</u>		11. DAY <u>14</u>		12. YEAR <u>1952</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Loc. Engineer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RR</u>							
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <u>Jeptha Johnson Adams</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Holbrook</u>							
14. NAME OF HUSBAND OR WIFE											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>							
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lois A. Stirrat</u>				ADDRESS <u>St Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Left)</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <u>Several years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Several years</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Minute)		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>Jan. 21, 1952</u> to <u>Feb. 20, 1952</u> , that I last saw the deceased alive on <u>Feb. 20, 1952</u> , and that death occurred at <u>10:30 a.m.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>Avery P. Howle</u>				23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>2/21/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-22-52</u>		REGISTRAR'S SIGNATURE <u>Robert H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nathan and Son</u>		ADDRESS <u>Moberly, 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

Frank D. DeWitt

Licensed Embalmer No. *3021*

P. O. Address *Moberly, 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.