

S. No. 300  
V. 10.48

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8835

0500  
4

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

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. LENGTH OF STAY (In this place) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ware</u>		1500			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) _____		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>UNK.</u>	9. AGE (In years less birthday) <u>ABOUT 54</u>	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>WARE</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Adams</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Adams</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dale Bailey</u>		ADDRESS <u>Deats No.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis interstitial,</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perinephritis</u> DUE TO (c) <u>Myocardial degeneration.</u>  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>6-months</u> <u>1-year</u> <u>2-years.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>***</u>		20. AUTOPSY? <u>6002</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>***</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>***</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>***</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 25, 1952 2:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>***</u>					
22. I hereby certify that I attended the deceased from <u>Jan 1, 1952</u> , to <u>Feb 25, 1952</u> , that I last saw the deceased alive on <u>Feb 25, 1952</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas D. Johnson M.D.</u>				23b. ADDRESS <u>Hillsboro, Mo</u>		23c. DATE SIGNED <u>2-26-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ware</u>		24d. LOCATION (City, town, or county) (State) <u>Ware Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-26-52</u>		REGISTRAR'S SIGNATURE <u>Garland Maradan</u>		141 - 1 25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel B. Baret</u>		ADDRESS <u>Deats No.</u>			

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED  
MAR 12 1952

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 \_\_\_\_\_

Licensed Embalmer No. 4104

P. O. Address State 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.