

FILED MAY 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16983
84
Registrar's No.

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper			
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital				d. STREET ADDRESS (If rural, give location) East Grand Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Martin		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 11-15-37	
9. AGE (In years last birthday) 14		10. MONTHS 14		11. BIRTHPLACE (City and State or Foreign Country) Los Angeles, California		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY grammar school		11. BIRTHPLACE (City and State or Foreign Country) Los Angeles, California			
13a. FATHER'S NAME Harvey G. Adams		13b. MOTHER'S MAIDEN NAME Beatrice Adams		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey G. Adams, Jasper, Mo.			
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) acute meningitis (not due to meningococcus) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) To meningococcus DUE TO (c) spinal fluid cultures negative for bacteria II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 3403	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Apr 27, 1952, to Apr 29, 1952, that I last saw the deceased alive on Apr 29, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE George H. Wood, M.D.		(Degree or title)		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 4/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Mo.	
DATE REC'D BY LOCAL REG. 5-12-52		REGISTRAR'S SIGNATURE L. B. Chutkan, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sharp and Selvey, Jasper, Mo.			

RECEIVED 5-22-52
Jasper County Health Office

County File Number 52/5/386

Date Filed 5-22-52

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. 345

working under my personal supervision

Student Lawson L. Sharp
Student Embalmer

Signed George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood 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.