

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21141

State File No. _____

JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Macon County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u> <u>1020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-7-1853</u>
9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtr. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
11. BIRTHPLACE (State or foreign country) <u>Henry Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Henry Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Baxter Hall, Clarence, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic cardio-renal disease</u>		
	DUE TO (c) <u>Dry Gangrene of feet</u>		
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>442-X</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 5-30, 1952, to 6-7, 1952, that I last saw the deceased alive on 6-7, 1952, and that death occurred at 9:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. Campbell M.D.</u> (Degree or title)	23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>6/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/19/52</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berkleew-Hawkins, Shelbina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1952

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RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.52.95
Date Filed 6.25.52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

CW Hawkins

Signed _____
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address _____

Shelbina Mc

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.