N. 800 I	1	THE DIVISION OF HEALTH OF MISSOURI										
No. 300	CIA ED MANA O	STANDARD CERTIFICATE OF DEATH State File No										
10.48	FILED NOV 28	1952	_ REG. DIST. P	10. 157	PRIMARY REG. DIS		588 Regie	trar's No	2	25 ⁻		
q0	1. PLACE OF DEA	тн			2. USUAL RES	IDENCE (WE		ed. li insti	tution: re	nidence before		
	a. COUNTY JE				a. STATE Mie	ssouri_	b. COU	NTY:3' J	aspe	r admission.		
•	b. CITY (If outside cor OR TOWN Laru	(C. LENGTH OF STAY (in this place)		c. CITY (If outside OR TOWN La:	oorporata limita. rugsell	write RURAL az	oj cive towne	Horo 4	90			
RECORD	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	d. STREET (If rural, give location) ADDRESS Larussell. Mo.										
RE	3. NAME OF DECEASED	Larussel a. (First)	<u>1, Мо.</u> ъ.	(Middle)	c. (Last)		4. DATE	(Month)	(Day)	(Year)		
£	(Type or Print)	George		<u> </u>	Adams			· · · · · · · · ·	<u>?O</u>	<u> 1952 </u>		
PERMANENT	l Ul	color of race White	WIDOWED, D	VER MARRIED!	Sept. 26	. 1866	9. AGE tin yes last birthday) 86			weer a seem lours Min.		
. ₹	Male		Never M	BUSINESS OR IN-	11. BIRTHPLACE				12. CITIZ	EN OF WHAT		
ER	done during most of working Ret d.	ig life, even if retired)	Labor		II. BIRTHPLACE (City and State or Foreign Country) Kans.			it iy)	COUNTRY? U.S.A.			
A I	13a. FATHER'S NAME		13b. M	OTHER'S MAIDEN	NAME	14. NAME	OF HUSBAN	OR WIFE				
	James Ada	m <u>s :</u>		Unknow	'n							
MARE	15. WAS DECEASED EVE (Yes, Bo, or unknown) (II			OCIAL SECURITY	17. INFORMAN	T'S SIGNA	TURE OR N	AME	A	DDRESS		
Ķ	no l				<u> James A.</u>	Parker	. Laru	<u>issell</u>	M			
J.	18. CAUSE OF DEATH MEDICAL CERTIFICATION									AL BETWEEN AND DEATH		
INK	Enter only one cause per line for (a), (b), and (c)	DIRECTLY LEAD	ONDITION ING TO DEATH* ₍₂	GTO DEATH (a) Cornay Occlusion			_ -	<u></u>				
ACK	*This does not mean the mode of dying, such	ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) Sultrue felicions surralized										
BLA	as heart failure, arthenia, etc. It means the dis-	rise to the above of the underlying ca	use last.	_ JE TO (c)	A Service of the serv							
Ç	ease, injury, or complication which caused death. 11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition eausing death.								······································			
. מ												
NFA	19a. DATE OF OPERA- TION	19b. MAJOR FINDINGS OF OPERATION			4201			1 30	20. AUTOPSY?			
Ω.				uny de la company	les (CITY TOWN)	OD TOWNSHIP	 _	(Y TNUC	YES !	TATE)		
USING UNFADING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)		URY (e.g., in or about treet, office bldg., etc.)	21c. (CITY, TOWN, C	·		7011117				
CSD.	21d. TIME (Menth)	(Day) (Year)		URY OCCURRED	21f. HOW DID INJU	RY OCCURT						
]	เหมีบัญ	`•	₩HILE AT WORK	NOT WHILE	<u> </u>		1,			· .		
AENLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.											
3	alive on	, 19	, and that de		23b. ADDRESS.	THE COMME	in on the c	aute matta		TE SIGNED		
E 3	23e. SIGNATURE (Degree or title) 23b. ADDRESS Washeus has land beg 10-21-32											
- vait €	24a. BURIAL, CREMA TION, REMOVAL (Specify	245. DATE	24c. N		Y OR CREMATORY	24d. LOCAT	ION (City, to	wn, or count	(y)	(State)		
- § <i>O</i>	Burial	<u> </u>			etery	Jasper		فتتعببون).			
	DATE REC'D BY LOCAL		SIGNATURE .	-139/10			GNATURE		DRE \$5	16		
	11-22-52	100	ann	ng me		<u>neral l</u>	<u>lome</u>	lartha	æe.	<u>Mo</u> .		
			(Lie	ensed timbelmer's	Statement on Reverse	Side)						

RECEIVED Jasper County County File Number Date Filed	Health ()Moe
	•	- Walter

Student Embalmer

Signed William & Santiell

Licensed Embalmer-No. 1500

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.

Licensed Embalmer No.

P. O. Address

P. O. Address

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.