

LED JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1815

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 3

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) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (in this place) YEARS		d. STREET ADDRESS (If rural, give location) MALLORY APTS-5TH & PENN.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MALLORY APTS-5TH & PENN.			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHNS	b. (Middle) M.	c. (Last) ADAMS	4. DATE OF DEATH (Month) (Day) (Year) JAN. 3, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 31, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DRUGGIST	10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS	11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRANCIS PAGE ADAMS	13b. MOTHER'S MAIDEN NAME SARAH LIGIS	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME JAMES M. ADAMS, 124 N. PEARL	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neurostages, fatal.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old cerebral hemorrhage with hemiplegia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 16, 1952, 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.

23a. SIGNATURE <u>Wardner W. Turner</u>	(Degree or title) 3	23b. ADDRESS <u>Specie Nat'l. Bank Bldg.</u>	23c. DATE SIGNED 1-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-6-53	24c. (NAME OF CEMETERY OR CREMATORY) LOCKWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) LOCKWOOD, MISSOURI
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DATE REC'D BY LOCAL REG. 1-5-53	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-12-53
Jasper County Health Office

County File Number 53/1/39

Date Filed 1-12-53

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 _____

Jack Parker

Student Embalmer No. 464

working under my personal supervision.

Student *Jack Parker*
Student Embalmer

Signed *Steve Parker*

Licensed Embalmer No. 2548

P. O. Address Jasper 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.