

5. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9681

State File No. 1191

FILED MAR 19 1953

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1191
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 431 So. JACKSON 3088		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hospital		4. DATE OF DEATH (Month) (Day) (Year) FEB. 25-1953		
3. NAME OF DECEASED (Type or Print) a. (First) MILLARD		b. (Middle) ELLSWORTH		c. (Last) ADAMS
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 27-1891	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OILER		10b. KIND OF BUSINESS OR INDUSTRY K.C. WATER DEPT.		11. BIRTHPLACE (City and State or Foreign Country) CHRISTIAN Co., MO. U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		
13b. MOTHER'S MAIDEN NAME HANNA MEYERS		14. NAME OF HUSBAND OR WIFE EVA E. ADAMS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-36-8557		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCILLE HASSEL - 431 So. JACKSON K.C. 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 Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH 1 day 14 days 14 days DUE TO (b) Right Cerebral Thrombosis and Pella (2-11-53) DUE TO (c) Fractured (subcapital) of neck of Femur (2-11-53) II. OTHER SIGNIFICANT CONDITIONS Carcinoma, Prostate - 23 years Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 2-13-53		19b. MAJOR FINDINGS OF OPERATION Fractured left hip surgically nailed 2-13-53		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE Accident		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) Entrance to office Bldg.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 11-53 3:45 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? Fell on sidewalk.		
22. I hereby certify that I attended the deceased from 12-8-1952 to 2-25-1953, that I last saw the deceased alive on 2-24-1953, and that death occurred at 2:55 Am., from the causes and on the date stated above.				
23a. SIGNATURE Thos. C. McHale MD (Degree or title)			23b. ADDRESS 4620 Indes Ave	
23c. DATE SIGNED 2-26-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE FEB. 27-1953		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackburn & Son Inc.		
DATE REC'D BY LOCAL REG. 2-27-53		REGISTRAR'S SIGNATURE Geraldine Smith		

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

(Licensed Embalmer's Statement on Reverse Side)

K.C. MO.

4620
S. W. P. 5750
C. H. - 1 - 7

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 James E. Hackleman

Licensed Embalmer No. 28234573

P. O. Address Kansas City, 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.