

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13447

State File No.
Registrar's No. 175

FILED MAY 11 1953 BIRTH NO. ... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <i>Callaway</i> 0143 2		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Callaway</i> 014	
b. CITY OR TOWN <i>Fulton</i>	c. LENGTH OF STAY (In this place) <i>5mo</i>	c. CITY OR TOWN <i>Fulton</i>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp. No. 1</i>		e. STREET ADDRESS (If rural, give location) <i>4006 First St.</i>	

3. NAME OF DECEASED (Type or Print) <i>Locke</i>			a. (First)	b. (Middle) <i>William</i>	c. (Last) <i>Adair</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 4 1953</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Mar. 24 1882</i>		9. AGE (In years) (Last birthday) <i>71</i>		10. MONTH <i>1</i>	11. DAYS <i>10</i>	12. IF UNDER 24 HRS. Hours Min. <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			

13a. FATHER'S NAME <i>Locke Samuel Adair</i>		13b. MOTHER'S MAIDEN NAME <i>Batey Penrow</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth Adair</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Records Fulton Mo</i>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetes mellitis</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Generalized Arteriosclerosis</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>260X</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 *Dec. 5, 1952*, to *May 4, 1953*, that I last saw the deceased alive on *May 4, 1953*, and that death occurred at *2:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. W. Warrick, M.D.</i> (Degree or title)		23b. ADDRESS <i>Fulton Mo</i>		23c. DATE SIGNED <i>5/1/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 6/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Millersburg</i>	
				24d. LOCATION (City, town, or county) (State) <i>Millersburg Mo.</i>	

DATE REC'D BY LOCAL REG. <i>May 9-1953</i>		REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>MAOPIN Funeral Home Fulton</i>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *J. J. Passon*.....
Licensed Embalmer No. *2555*
P. O. Address *Fullerton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.