

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30946

FILED OCT 6 - 1953

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> c. LENGTH OF STAY (in this place) <u>4 Days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> d. STREET ADDRESS (If rural, give location) <u>728 S. Muldrow</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27, 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan 7, 1885</u>	
9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months <u>68</u>		11. UNDER 1 YEAR Days <u>68</u>		12. UNDER 1 YEAR Hours <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crops</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe W. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Morey</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-24-8362</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrison Adams - Mexico Mo.</u>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Cerebral Vascular Accident</u> DUE TO (c) <u>Left Cerebral Vascular Accident</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) m.		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 <u>9-27</u> , 19 <u>53</u> , to <u>9-27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-27</u> , 19 <u>53</u> , and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest S. Gault</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>9-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 29-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Keely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claro Arriaga</u>		ADDRESS <u>Mexico</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Elmer Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.