

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38043

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 4517 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>	
c. LENGTH OF STAY (In this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>1260</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chauncey</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>12</u> <u>53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-26-1883</u>		9. AGE (In years last birthday) <u>70</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>General</u>		11. BIRTHPLACE (State or foreign country) <u>Kidgville, Taney Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Adrian M. Adams</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Revered</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes A. R. War</u>		16. SOCIAL SECURITY NO. <u>559-16-5460</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Fern Plummer</u>		ADDRESS <u>Kidgville, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma Generalized</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

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)		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 July 6, 1953, to 11-12, 1953, that I last saw the deceased alive on 11-12, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Magnien M.D.</u>		23b. ADDRESS <u>Branson, MO.</u>		23c. DATE SIGNED <u>11-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO.</u>	
DATE REC'D BY LOCAL REG. <u>11/14/53</u>		REGISTRAR'S SIGNATURE <u>S E Cogwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Whelchel</u>		ADDRESS <u>Branson MO</u>	

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

300

60

NOV 1

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 *Minnie L. Whelchel*

Licensed Embalmer No. *2277*

P. O. Address *Ranson Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.