No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40004

FILED DEC 8 1953

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 288

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 809 Bond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
0883
0
d. STREET ADDRESS (If rural, give location) 809 Bond

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) c. (Last) McAdams

4. DATE OF DEATH (Month) (Day) (Year) Nov 30d 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mch-18d 1890
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Athome
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thomas Grizzell
13b. MOTHER'S MAIDEN NAME Elizabeth Stamper
14. NAME OF HUSBAND OR WIFE D. Ray McAdams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS D. Ray McAdams, Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenoc Carcinoma of Both lungs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
163X

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, 1951, to Nov, 1953 that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS Moberly Mo
23c. DATE SIGNED Dec 3 '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-3-53
24c. NAME OF CEMETERY OR CREMATORY Clifton Hill
24d. LOCATION (City, town, or county) (State) Clifton Hill, Mo

DATE REC'D BY LOCAL REG. 12-3-53
REGISTRAR'S SIGNATURE 26958 [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Son, Moberly, Mo

(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 Frank D. Witt

Licensed Embalmer No. 3621

P. O. Address Moberly Mi

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.