

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42532

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 3-444 Registrar's No. 14

0280  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Athens</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Athens</u> <u>0280</u>	
c. LENGTH OF STAY (in this place) <u>18 months</u>		d. STREET ADDRESS (If rural, give location) <u>South of Albany, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plainview Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>W.E.</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3, 1861</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 4 Wks. Days <u>28</u>	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tilden, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>George W. Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Marinda Bush</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda Shoemaker, Dec.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Avery Shipley, Kansas City, Mo.</u>	ADDRESS <u>City, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4201</u>	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)
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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?
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22. I hereby certify that I attended the deceased from July 1, 1923, to Dec 29, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 6:32 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Pray, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Albany, Mo.</u>	23c. DATE SIGNED <u>1-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rouse Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Darlington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 6 1954</u>	REGISTRAR'S SIGNATURE <u>Mandy Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiffon Crook</u>	ADDRESS <u>Albany Mo</u>
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**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.