No. 300
10-48

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15709

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1975

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 427 NORTH QUINCY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 427 NORTH QUINCY 3078 0

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): LEE
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): MAY 3, 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MAY 9, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ICEMAN
10b. KIND OF BUSINESS OR INDUSTRY: BROOKS COAL & ICE
11. BIRTHPLACE (City and State or Foreign Country): MASON, KENTUCKY 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HIRAM FORD ADAMS
13b. MOTHER'S MAIDEN NAME: EURA HARRISON
14. NAME OF HUSBAND OR WIFE: HILDA ADAMS

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.: 495-03-9198
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. HILDA ADAMS 427 NORTH QUINCY

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

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary Occ	Sudden
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	5 years
DUE TO (c)	Hypertensive Cardio Vascular Disease	unknown
11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Acute Coronary occlusion	11 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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* 4-20, 1949 *to* 5-3, 1954, *that I last saw the deceased alive on* 4-27, 1954, *and that death occurred at* 6:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE P. A. Kienberger (Degree or title): P A Kienberger MD
23b. ADDRESS: 5246 St John
23c. DATE SIGNED: 5-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: may 6, 1954
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEM.
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 5-3-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.H. Blackman & Son Inc. N.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Rinne

Licensed Embalmer No. 48

P. O. Address W. C., W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.