

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17828

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (In this place) YRS 3		c. CITY OR TOWN MEXICO		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1805 WEST ST				e. STREET ADDRESS (If rural, give location) 1805 WEST STREET 0			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY		b. (Middle) CLINTON		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 30 - 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 2 - 1875	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (City and State or Foreign Country) AUDRAIN Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James W. ADAMS		13b. MOTHER'S MAIDEN NAME ELIZABETH DONALDSON		14. NAME OF HUSBAND OR WIFE MARTHA ADAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-05-7199		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CC. ADAMS - MEXICO 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circumstances of Death with Circumstances ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		151 X		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 April 22, 1954, to June 30, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 5:10 p. m., from the causes and on the date stated above.							
23a. SIGNATURE M. Kallenbach		(Degree or title) MD		23b. ADDRESS Mexico, Mo		23c. DATE SIGNED July 3/1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-2-54		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem		24d. LOCATION (City, town, or county) (State) MEXICO MO	
DATE REC'D BY LOCAL REG. July 3 1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ARNOLD FUNERAL HOME, MEXICO MO			

(Licensed Emballer'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.....
Signature of Student Embalmer

Signed *Richard Y. M. Don*.....

Licensed Embalmer No. *482*.....

P. O. Address *Mex*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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