

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26282

BIRTH NO. 50631-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 879

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH	
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		d. STREET ADDRESS (If rural, give location) 126 E. BUFFALO ST.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) JERRY c. (Last) ADAMSON		4. DATE OF DEATH (Month) (Day) (Year) 8-3-54	
5. SEX MALE 6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY	
8. DATE OF BIRTH 8-1-54		9. AGE (In years last birthday) 38 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓		10b. KIND OF BUSINESS OR INDUSTRY ✓	
11. BIRTHPLACE (State or foreign country) ST. JOSEPH, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT ADAMSON		13b. MOTHER'S MAIDEN NAME BESSIE MAE REED	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. BESSIE ADAMSON	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SHOCK ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ATELECTASIS DUE TO (c) PROLAPSED CORD IN DELIVERY II. OTHER SIGNIFICANT CONDITIONS NECESSITATED PODALIC VERSION Conditions contributing to the death but not related to the disease or condition causing death. IMMEDIATELY		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 HOURS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:10	
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. HOW DID INJURY OCCUR?	
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 8-1 , 19 54 , to 8-3 , 19 54 , that I last saw the deceased alive on 8-3 , 19 54 , and that death occurred at 12:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) E. J. Gross		23b. ADDRESS 5103 Kings Hill Ave St. Joseph 48, Mo.	
23c. DATE SIGNED 8-3-54		23d. LOCATION (City, town, or county) (State) Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 5-1954	
24c. NAME OF CEMETERY OR CREMATORY Ashtland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug 12, 1954		REGISTRAR'S SIGNATURE Ernest M. Allison	
FURNERIAL DIRECTOR'S SIGNATURE Wm. H. Alexander		ADDRESS St. Joseph, Mo.	

485-0 (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 embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm H Alexander

Signed.....
Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address *St Joseph*

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.