

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4199 Registrar's No. 101

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 township) OR TOWN <u>McFall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall,</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James Henry Adcock</u>		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 23, 1870</u>
9. AGE (In years last birthday) <u>84</u>		10. 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 <u>Land Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Henry Adcock, Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Rachel Persinger</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret I. Adcock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret I. Adcock, McFall, Mo.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombiplegia left side</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>10-15 yrs</u> <u>10-15 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3'3 4 X</u>	
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)	
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 <u>6-1, 1954</u> , to <u>10-21, 1954</u> , that I last saw the deceased alive on <u>10-21, 1954</u> , and that death occurred at <u>1:11 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. Baumgardner, M.D.</u>		23b. ADDRESS <u>Pattonsburg, Mo.</u>	
23c. DATE SIGNED <u>10/22/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McFall</u>	
24d. LOCATION (City, town, or county) (State) <u>McFall, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maude Williams</u>	
DATE REC'D BY LOCAL REG. <u>Oct 25-54</u>		REGISTRAR'S SIGNATURE <u>Maude Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Pattonsburg, Mo.</u>		ADDRESS <u>Pattonsburg, Mo.</u>	

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

0380

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.....

Licensed Embalmer No. 4096.....

P. O. Address Pattersonburg,.....

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.