

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39989

State File No.

No. 300
10.48

FILED DEC 6 1954

BIRTH NO.		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>286</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, give rural and give township) OR TOWN <u>RURAL MTN GROVE</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>MTN GROVE</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH MTN GROVE</u>				e. STREET ADDRESS (If rural, give location) <u>3 MILES N. W. MTN. GROVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENN</u>		b. (Middle) <u>THURSTON</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>OCT. 17 1900</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gov. ORNANCE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>COFFEY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>NATHAN ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>KITTY HARVARD</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nathan Adams Mtn. Grove Mo.</u>			
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.		MEDICAL CERTIFICATION 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) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (Min.)		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 <u>Nov. 1</u> , 19 <u>54</u> , to <u>Nov. 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 16</u> , 19 <u>54</u> , and that death occurred at <u>2:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy J. Roberts M.D.</u>				23b. ADDRESS <u>Mountain Grove, Mo.</u>		23c. DATE SIGNED <u>11/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Barber Mtn. Grove</u>	

(Licensed Embalmer'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..... *R. W. Barber*

Licensed Embalmer No. 3 F

P. O. Address *Wm. J. ...*

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.