

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8

FILED FEB 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Franklin <u>0361</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY Franklin			
b. CITY OR TOWN Sullivan Meramec		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Sullivan		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				e. STREET ADDRESS (If rural, give location) 0361			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Richard c. (Last) Adams			4. DATE OF DEATH (Month) (Day) (Year) 1 22 1955				
5. SEX Male <u>0</u>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>2</u>		8. DATE OF BIRTH 8-17-1889	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 5 Days 5		IF UNDER 1 HR. Hours 5 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Nosers Mill Mo. <u>0</u>		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME James Adams			13b. MOTHER'S MAIDEN NAME Agnes Armistead		14. NAME OF HUSBAND OR WIFE Lenas Declue		
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. 488-26-1414		17. INFORMANT'S SIGNATURE OR NAME Eugene Adams ADDRESS Sullivan 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) asthama and age <u>1 tr.</u> 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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>May of 1954</u> , to <u>1/22/55</u> , 19____, that I last saw the deceased alive on <u>1/21/55</u> , 19____, and that death occurred at _____ A. m., from the causes and on the date stated above.							
23a. SIGNATURE W.P. Royce M.D. (Degree or title) <u>0</u>				23b. ADDRESS 316 Elm St. Sullivan, Mo.		23c. DATE SIGNED 1/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-24-1955	24c. NAME OF CEMETERY OR CREMATORY Stanton Cemetary		24d. LOCATION (City, town, or county) (State) Stanton Mo.		
DATE REC'D BY LOCAL REG. 1/23/55		REGISTRAR'S SIGNATURE Am Eaton Deputy <u>511</u>			25. FUNERAL DIRECTOR'S SIGNATURE Thos P Shaffer ADDRESS Sullivan Mo.		

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

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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 ME Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Paul F. Krollenb...

Licensed Embalmer No. 2623

P. O. Address Sullivan

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.