No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1955

State File No. 761

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Franklin 0360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lyon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN: Beaufort Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Route 0360 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Clinton
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2 1955

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: May 29 1884
9. AGE (In years last birthday): 70 — If under 1 year: Months 7, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Beaufort Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William R. Adams
13b. MOTHER'S MAIDEN NAME: Ida Caldwell
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 486-40-3293
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mildred Bingaman
ADDRESS: Gerald 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial Sclerosis
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* Sept, 1954, *to* Jan 2, 1954, *that I last saw the deceased alive on* Dec 26, 1954, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas A Schmidt M.D.
23b. ADDRESS: Gerald Mo.
23c. DATE SIGNED: 1-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1955
24c. NAME OF CEMETERY OR CREMATORY: Butler Cemetery
24d. LOCATION (City, town, or county) (State): Beaufort Mo.

DATE REC'D BY LOCAL REG.: Jan. 3-1955
REGISTRAR'S SIGNATURE: John Charles Finley 503-0
25. FUNERAL DIRECTOR'S SIGNATURE: E. H. Semme
ADDRESS: Beaufort Mo

(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 embal

by me, or by E. H. Lemme, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. H. Lemme

Licensed Embalmer No. 307

P. O. Address Beaufort

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.