

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11753

State File No.

| | | | | | | | | | |
|---|--|---|---|--|------------------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1291</u> | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | c. LENGTH OF STAY (in this place) 8 mos | | c. CITY OR TOWN Kansas City | | 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 Research Hospital | | | | STREET ADDRESS (If rural, give location) 4010 Troost | | | | 3658 | |
| 3. NAME OF DECEASED (Type or Print) JAMES | | | a. (First) | | b. (Middle) LABAN | | c. (Last) ADAMS | | |
| 4. DATE OF DEATH | | (Month) March | | (Day) 28, | | (Year) 1955 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 1872 | | 9. AGE (In years last birthday) 83 | |
| IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | IF UNDER 24 HRS. Hours | | IF UNDER 24 HRS. Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Pleasant Green, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME James Madison Adams | | | 13b. MOTHER'S MAIDEN NAME Dulcinea Johnson | | | 14. NAME OF HUSBAND OR WIFE Virginia Elizabeth Adams | | | |
| 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. Virginia Adams | | ADDRESS 4010 Troost, K.C. 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) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. superimposed pyelonephritis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 592X | |
| 19a. DATE OF OPERATION 2-23-55 | | 19b. MAJOR FINDINGS OF OPERATION Urethral diverticulum | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENTAL (Specify) SUICIDE HOMICIDE (m-n-o) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo. | | | | | |
| 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 2-20, 1955 to 3-28, 1955 , that I last saw the deceased alive on 3-28, 1955 and that death occurred at 6:15 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Wm Jack Jarvis (Degree or title) M.D. | | | | 23b. ADDRESS 1019 Professional Bldg. | | 23c. DATE SIGNED 3-29-55 | | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-29-55 | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Sedalia, Missouri | | | |
| DATE REC'D BY LOCAL REG. 3-29-55 | | REGISTRAR'S SIGNATURE Neve Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | | ADDRESS K.C. MO. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm Jarvis
Research Hosp.

Exp 6:10 P M

Present here at Hosp.

APR 25 1911

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 *Elmo D. Triple*

Licensed Embalmer No. 481

P. O. Address *Texas City*

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.