

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16424

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4224	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILL b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN HERRICK		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO PAC HOSP				e. STREET ADDRESS (If rural, give location) P.O. BOX #24			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) A. c. (Last) ADAMS			4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1955				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 4, 1875		9. AGE (In years last birthday) (Months) (Days) 79	IF UNDER 1 YEAR IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Shelby Co., Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Adams			13b. MOTHER'S MAIDEN NAME Nancy Beck		14. NAME OF HUSBAND OR WIFE Rosa C. Adams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa C. Adams, Herrick, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myelogenous Leukemia				today			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Clear cell carcinoma of kidney & nephrectomy 1955			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X			
22. I hereby certify that I attended the deceased from April 11, 1955 , to May 12, 1955 , that I last saw the deceased alive on May 11, 1955 and that death occurred at 8 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) Richard E. Hosto M.D.				23b. ADDRESS MO PAC HOSP		23c. DATE SIGNED 5/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-12-55	24c. NAME OF CEMETERY OR CREMATORY Myers Cemetery		24d. LOCATION (City, town, or county) (State) Herrick, Ill.		
DATE REC'D BY LOCAL REG. MAY 12 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1936

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 *W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *17 Row*.....

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.