

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21000

State File No.

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3037 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Andrain 0040</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrain 0040</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salt River</u>		c. CITY OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		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 <u>R. F. D. #3</u>		STREET ADDRESS (If rural, give location) <u>R. F. D. #3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Haynes</u> c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 29 1859</u>
9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Florida, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Collins Hobbs Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Haynes</u>		14. NAME OF HUSBAND OR WIFE <u>Dec</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Adams</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Semility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		19. INTERVAL BETWEEN ONSET AND DEATH	

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)		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 1953 to July 21, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blanche Neely</u>		23b. ADDRESS <u>1002 Piney Cross Rd</u>		23c. DATE SIGNED <u>July 22, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/23/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Protem</u>	
24d. LOCATION (City, town, or county) (State) <u>Taney County, Missouri</u>		24e. DATE REC'D BY LOCAL REG. <u>July 23, 1955</u>		24f. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Arvid E. Fulkerson</u>		ADDRESS <u>Mexico, Mo.</u>	
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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.....

Licensed Embalmer No.....48

P. O. Address.....

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.