

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21060**

FILED AUG 1 - 1955

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 190	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0105			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0		c. LENGTH OF STAY (in this place) 47 yrs		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				e. STREET ADDRESS (If rural, give location) 407 Otto Court			
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) COLE		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) July 25, 1955	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 29, 1878	
9. AGE (in years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Jeweler		10b. KIND OF BUSINESS OR INDUSTRY Jewelry & Antiques		11. BIRTHPLACE (City and State or Foreign Country) Long Island, N.Y.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Denis Adams		13b. MOTHER'S MAIDEN NAME Jane (unknown)		14. NAME OF HUSBAND OR WIFE Ida Clara Elias	
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. 188-38-1508		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ira Cole Adams, Columbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis, Hypertension DUE TO (c) 331x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days	
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) 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 19 July, 1955 , to 25 July, 1955 , that I last saw the deceased alive on 25 July, 1955 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R.P. Palmer, MD				23b. ADDRESS Columbia Mo		23c. DATE SIGNED 28 July 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri.	
DATE REC'D BY LOCAL REG. July 28 1955		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service Columbia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

1895
OCT 2 100

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.....

J. R. Phillips

Licensed Embalmer No. 489

P. O. Address Columbia

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.