

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26914

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 157

92  
4

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

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>CHILLICOTHE</u> )		c. LENGTH OF STAY (in this place) <u>2 WKS.</u>	c. CITY OR TOWN <u>BRECKENRIDGE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIOTT NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) _____	

0130

3. NAME OF DECEASED (Type or Print) <u>JEFF ADAMS</u>			4. DATE OF DEATH <u>8/13/1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>2/20/1869</u>	9. AGE (in years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DAVIES CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES ADAMS</u>	13b. MOTHER'S MAIDEN NAME <u>JANE (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VERL RALSTON</u>	ADDRESS <u>BRECKENRIDGE, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Terminal, Bronchid 2 days</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Carcinoma of Prostate</u>		<u>2 yrs</u>

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 March 1, 1955 to Aug 13, 1955, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph G. Conrad</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Aug 22-55</u>
--	-------------------------------------	-----------------------------------

24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/15/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BRECKENRIDGE, MO.</u>
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Aug-29-55</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geneb. Michael, Braymar, Mo.</u>	ADDRESS _____
---	--	--	---------------

OCT 5 1955

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 *Geneb. Michael* .....

Licensed Embalmer No. *431* .....

P. O. Address *Braymer,* .....

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.