

FILED OCT 3-1955

STANDARD CERTIFICATE OF DEATH

State File No. 29626

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give town) ENROUTE TO		c. CITY OR TOWN FREDERICKTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 6 1/2 mi. S.W. of FREDERICKTOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) GERALD	b. (Middle) DALE	c. (Last) ADAMS	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 20, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH FEB. 11, 1944	9. AGE (in years last birthday) 11	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) IRON COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME HERBERT ADAMS	13b. MOTHER'S MAIDEN NAME DOROTHY MILLER	14. NAME OF HUSBAND OR WIFE, FATHER HERBERT ADAMS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME HERBERT ADAMS - FREDERICKTOWN, MO.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		
	ANTECEDENT CAUSES DUE TO (b) Shock and loss of blood Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Silver Mines RR Road Madison Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 20 55 8A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Skidded into path of car on Gravel rd

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8/30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Howell, Coroner	23b. ADDRESS Ironton, Mo	23c. DATE SIGNED 9/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
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DATE REC'D BY LOCAL REG. Sept. 21, 1955	REGISTRAR'S SIGNATURE Mrs. Aris Jones	25. FUNERAL DIRECTOR'S SIGNATURE J. T. Adkinson	ADDRESS FREDERICKTOWN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1957

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 *Raymond Wilson*

Licensed Embalmer No. *486*

P. O. Address *Fredonia*

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.