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FILED SEP 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29627**

0470

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

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5564		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Township 10		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN Vulcan		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 2 mi west of Vulcan, Mo.				STREET ADDRESS (If rural, give location) 2 mi west of Vulcan, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Samuel		c. (Last) Adams	
4. DATE OF DEATH		(Month) August		(Day) 29		(Year) 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 30, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 29	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iron County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Quincey Adams		13b. MOTHER'S MAIDEN NAME Eliza Stevenson		14. NAME OF HUSBAND OR WIFE Ora Ethel Middleton			
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. 498-10-2478		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ora Adams Vulcan, Missouri			
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) Labor Pain				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension				4 days	
		DUE TO (c) hypertension				4 days	
		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"/>	
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) 490 X			
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 Aug 19, 1955 , to Aug 21, 1955 , that I last saw the deceased alive on Aug 21, 1955 , and that death occurred at 7 1/2 m. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Fanning, M.D. (Degree or title)				23b. ADDRESS Piedmont, Mo		23c. DATE SIGNED 9-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Mountain View		24d. LOCATION (City, town, or county) (State) Des Arc, Missouri	
DATE REC'D BY LOCAL REG. 9-12-55		REGISTRAR'S SIGNATURE Mrs. Aris Jones		FURNERAL DIRECTOR'S SIGNATURE William Cochran		ADDRESS Piedmont, MO.	

(Licensed Embalmer's Statement on Reverse Side)

SEP 29

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's 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.