

FILED NOV 14 1955

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34029

State File No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		91			
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries							
b. CITY (If outside corporate limits, write RURAL and give township) Rural Dry Creek Twp.				c. LENGTH OF STAY (in this place) 28yr 11m		c. CITY OR TOWN Vienna, Mo.		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 His Home				e. STREET ADDRESS (If rural, give location) Dry Creek Twp. Maries County.							
3. NAME OF DECEASED (Type or Print) Benjamin				a. (First)		b. (Middle)		c. (Last) Adams			
4. DATE OF DEATH Oct. 16, 1955.				(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 8, 1872.		9. AGE (In years last birthday) 83			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 1 YEAR 2 IF UNDER 1 MONTH 8 IF UNDER 1 HOUR 1 IF UNDER 1 MIN. 1			
13a. FATHER'S NAME Henry Adams				13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Anna Adams Vienna, Mo.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Charley Adams, Dixon, 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) Death from Natural Causes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 7955 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						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) Dry Creek Twp. Maries Mo.							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 16, 1955 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
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 _____ m., from the causes and on the date stated above.											
23a. SIGNATURE McCrumb (Degree or title) Coroner				23b. ADDRESS Vienna, Mo.				23c. DATE SIGNED 11/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/29/55		24c. NAME OF CEMETERY OR CREMATORY Fair View Cemetery		24d. LOCATION (City, town, or county) (State) Crawford County, Mo.					
DATE REC'D BY LOCAL REG. 11-5-55		REGISTRAR'S SIGNATURE Pauline Howard		25. FURNERAL DIRECTOR'S SIGNATURE McCrumb		ADDRESS Vienna, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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. 36

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.