

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40349

State File No. ....

FILED DEC 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Hawaii</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. (State).) a. STATE <u>Missouri</u> b. COUNTY <u>Hawaii</u>	
b. CITY OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (In this place) <u>2 wks</u>	c. CITY OR TOWN <u>West Plains</u>	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 <u>Hennick Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 2</u> <span style="float: right;">0460</span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jno. Edw. Adams</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-55</u>
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5. (SEX) <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>11-2-1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Haines Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leonard Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Holly Locke</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. J. ...</u>	ADDRESS <u>Detroit Mich</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>10 yrs</u>
	DUE TO (c) <u>4221</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Nephritis</u>		<u>1 yr</u>

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 6-26 to 12-15-55, that I last saw the deceased alive on 12-12, 1955, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>12-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-20-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cooke</u>	37a - 25 FUNERAL DIRECTOR'S SIGNATURE <u>Robert ...</u>	ADDRESS <u>West Plains Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *A. S. Roberts*.....

Licensed Embalmer No. *343*

P. O. Address *West Haven*.....

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.