

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43508**BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4060** Registrar's No. **6r**

1. PLACE OF DEATH a. COUNTY CALDWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY CALDWELL		
b. CITY (If outside corporate limits, write RURAL and give township) BRECKENRIDGE		c. LENGTH OF STAY (In this place) LIFETIME	c. CITY OR TOWN BRECKENRIDGE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY LIMITS			e. STREET ADDRESS (If rural, give location) 0130		
3. NAME OF DECEASED (Type or Print) a. (First) CASH b. (Middle) CLAY c. (Last) ADAMS			4. DATE OF DEATH (Month) (Day) (Year) 12/7/1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4/6/1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) PIKE CO., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME SPENCER ADAMS		13b. MOTHER'S MAIDEN NAME MAGGIE (UNKNOWN)	14. NAME OF HUSBAND OR WIFE ANNA CASHATT ADAMS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BOB ADAMS, BRECKENRIDGE, 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) Coronary disease		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) old age			
		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 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. H. Swoot	(Degree or title) Coroner	23b. ADDRESS Polo Mo. Caldwell Co. Mo.	23c. DATE SIGNED 7-12-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/9/1955	24c. NAME OF CEMETERY OR CREMATORY MCCROSKIE CEMETERY	24d. LOCATION (City, town, or county) (State) LIVINGSTON CO., MO.

DATE REC'D BY LOCAL REG. 7-11-56	REGISTRAR'S SIGNATURE Mr. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Emil Michael Breckenridge, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

300

48

120

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 *Lenel Michael* _____

Licensed Embalmer No. *43*

P. O. Address *Bray*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.