

STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1956

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 20

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u> | | c. CITY OR TOWN <u>Springfield</u> | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>29 days</u> | | e. STREET ADDRESS (If rural, give location) <u>820 N. Prospect</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u> | | | |

| | | | | |
|-------------------------------------|------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Carl</u> | b. (Middle) <u>C.</u> | c. (Last) <u>Adamson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1956</u> |
|-------------------------------------|------------------------|-----------------------|--------------------------|--|

| | | | | | | | |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 25, 1925</u> | 9. AGE (In years last birthday) <u>30</u> | IF UNDER 1 YEAR Months | IF UNDER 24 Hrs. Hours | IF UNDER 1 Min. Min. |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|----------------------|

| | | | |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|--|---|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Cecil Dan Adamson</u> | 13b. MOTHER'S MAIDEN NAME <u>Lettie Moad</u> | 14. NAME OF HUSBAND OR WIFE <u>Donna Lou Adamson</u> |
|---|--|--|

| | | |
|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>99-24-1679</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. records, Mo. State San., Mt. Vernon, Mo.</u> |
|--|---|--|

| | | | |
|--|---|--|--|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>abt. 6 years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | |
| | 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"/> |
|------------------------|----------------------------------|--|

| | | |
|--|--|---|
| 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) <u>002X</u> |
|--|--|---|

| | | |
|---|--|----------------------------|
| 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 1-26-1956, to 2-24-1956, that I last saw the deceased alive on 2-24-1956, and that death occurred at 7:37 p.m., from the causes and on the date stated above.

| | | |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>C. E. Braslow M.D.</u> | 23b. ADDRESS <u>Mt. Vernon, Mo.</u> | 23c. DATE SIGNED <u>2-25-56</u> |
|--|-------------------------------------|---------------------------------|

| | | | |
|--|--------------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>2-25-56</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
|--|--------------------------|------------------------------------|---|

| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>2-25-56</u> | REGISTRAR'S SIGNATURE <u>Cecil Henderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jewel E. Windle Funeral Home, Springfield Mo.</u> |
|---|--|---|

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

0550

APR 16 1956

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..... *Murray Wilson*

Licensed Embalmer No. *498*

P. O. Address *Springfield*

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.