

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8323**

FILED MAR 10 1956

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 198	
1. PLACE OF DEATH a. CITY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 25 days		c. CITY OR TOWN Jackson		d. Is Residence within limits of a city incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo Hospital				e. STREET ADDRESS (If rural, give location) 206 Bellvue			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) QUINCY		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 30, 1882	
9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Fruitland Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stockman		13a. FATHER'S NAME Elam A. Adams		13b. MOTHER'S MAIDEN NAME Lydia Bonney	
13c. NAME OF HUSBAND OR WIFE Cora Wiles Adams		14. NAME OF HUSBAND OR WIFE Cora Wiles 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 Paul Adams		17. INFORMANT'S SIGNATURE OR NAME Paul Adams		17. INFORMANT'S SIGNATURE OR NAME Paul Adams		17. INFORMANT'S SIGNATURE OR NAME Paul Adams	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia 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. INTERVAL BETWEEN ONSET AND DEATH 2 months				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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) 2040		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		21g. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 2-15 , 19 56 , to 3-17 , 19 56 , that I last saw the deceased alive on 3-17 , 19 56 , and that death occurred at 9:00 pm. , from the causes and on the date stated above.							
23a. SIGNATURE C.F. McDonald, M.D.		(Degree or title) _____		23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 3-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 19, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 3-22-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Miller		ADDRESS Jackson Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 247

P. O. Address Jackson

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.