

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8976

1319

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>20 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>1205 EAST 79th STREET</b>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b> b. (Middle) <b>ADELINE</b> c. (Last) <b>ADAMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 24, 1956</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, 2, WIDOWED, DIVORCED, (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 27, 1871</b>
9. AGE (In years last birthday) <b>84</b>		10. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>LYNN COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JAMES L. McCARCY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY TURMAN</b>	
14. NAME OF HUSBAND OR WIFE <b>JOHN EDGAR ADAMS</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>R. C. MOORE</b>		ADDRESS <b>MR. H. E. WILSON, 1205 E 79th St.</b>	
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) <b>Apoplexy Cerebral Sev.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, gen. mod. sev. years.</b> DUE TO (c) <b>Diabetes Mellitus, mild</b> <b>15 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>260X</b>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>Feb. 15</b> , 19 <b>56</b> , to <b>Mar 24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Mar 24</b> , 19 <b>56</b> , and that death occurred at <b>5:10 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>P. E. Pearson</b> (Decedent or title) <b>MD</b>		23b. ADDRESS <b>1025 Rialto Bldg., K.C.Mo</b>	
23c. DATE SIGNED <b>3/26/56</b>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>MAR 27 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>HIGHLAND CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>OTTAWA KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>3-27-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>R. W. Newcomer's Sons</b>		ADDRESS <b>1531 - 34th CARRK KANSAS CITY, MO.</b>	

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.....  
*Rollie Kessel*

Licensed Embalmer No. *4690*.....

P. O. Address.....  
*K.C. Mo.*

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.