

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10047

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3252</u>		Registrar's No. <u>154</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>none</u>		c. CITY OR TOWN <u>Mt. Grove</u> <u>(Mountain Grove)</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>En Route Bothwell Hospital</u> <u>from scene wreck - Evening</u>				e. STREET ADDRESS <u>Route 1</u> <u>1740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAN</u> b. (Middle) <u>CECIL</u> c. (Last) <u>ADAMSON</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>15</u> (Year) <u>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>Feb. 2, 1904</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 1 HRS: Hours <u>0</u> Min. <u>0</u>	
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 <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lum Adamson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Moody</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie Mode</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>not obtainable</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.A. Adamson, bro.</u>		ADDRESS <u>Mt. Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull, fractured</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>wreck.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 65</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Wright</u> (COUNTY) <u>Mo</u> (STATE)			
21d. TIME OF INJURY (Month) <u>3</u> (Day) <u>15</u> (Year) <u>56</u> (Hour) <u>7:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>			
22. I hereby certify that I viewed the deceased <u>as Coroner</u> , 19 <u>19</u> , and that death occurred at <u>7:05 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. Gordon Stauffer</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>3-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/20/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-56</u>		REGISTRAR'S SIGNATURE <u>Luana Evans Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Luana Evans</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *R. E. Baker* .....

Licensed Embalmer No. *241*

P. O. Address. *Seclalia* .....

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