

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

128886
State File No.

FILED APR 30 1956

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 45

1. PLACE OF DEATH a. CITY Gentry . Cooper Twns.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. CITY OR TOWN King City	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION Munro Rest Home		e. STREET ADDRESS (If rural, give location) c 3802	

3. NAME OF DECEASED (Type or Print) a. (First) Artie b. (Middle) A. Adams c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4.15.1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 4.24.1888
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 11 Days 22	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Gentry Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME Kirk Shepherd	13b. MOTHER'S MAIDEN NAME Susan E. Bilner	14. NAME OF HUSBAND OR WIFE Charles Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Essie Ward . King City 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) None		

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-1956, to 4.15.1956, that I last saw the deceased alive on 4-12-1956, and that death occurred at 4:45A m., from the causes and on the date stated above.

23a. SIGNATURE Clifford R. Barlin MD.	23b. ADDRESS (Degree or title) Stanberry Mo.	23c. DATE SIGNED 4.16.56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4.17.1956	24c. NAME OF CEMETERY OR CREMATORY King City	24d. LOCATION (City, town, or county) (State) King City Mo.
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DATE REC'D BY LOCAL REG. 4-23-1956	REGISTRAR'S SIGNATURE Maude Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. J. Taggart - King City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1955

8561 2 NRP

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. G. Taggart*.....

Licensed Embalmer No. 2563

P. O. Address King City, 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.