

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13745**BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5577** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jasper Twpsh.		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles NE Asbury, Missouri		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) WILLIAM JASPER ADAMS		4. DATE OF DEATH 1 18 1956		e. STREET ADDRESS (If rural, give location) 3 Miles No. East Asbury, Missouri	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-30-1885	9. AGE (In years last birthday) 70	10. MONTHS 6	11. DAYS 18	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 Farming		11. BIRTHPLACE (City and State or Foreign Country) Cherokee County, Ks.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME William Seth Adams	13b. MOTHER'S MAIDEN NAME Mary Story	14. NAME OF HUSBAND OR WIFE Minnie L. Adams
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 440-56-3099	17. INFORMANT'S SIGNATURE OR NAME Clyde Adams, Asbury, Mo (3 Miles East)	ADDRESS
---	---	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		5 minutes
	ANTECEDENT CAUSES DUE TO (b) Auricular Fibrillation		2 months
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 4331	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) (Min.)	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 **2-22, 1956**, to **4-18, 1956**, that I last saw the deceased alive on **4-24, 1956**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Gregory D.O.	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 4-20-56
---------------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-20-1956	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 4-20-56	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Sney	ADDRESS Carl Jct., Mo.
--	---	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Jasper County Health Office
County File Number 56-4-353
Date Filed APR 23 1956

JUN 6 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 Jack C. Simpson
Licensed Embalmer No. 476
P. O. Address Webb City

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