

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

20879

State File No. _____

FILED JUN 21 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	d. 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) <u>7 Days</u>		e. STREET ADDRESS (If rural, give location) <u>104 McCoy Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>IRA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-3-1956</u>		
a. (First)	b. (Middle)	c. (Last)			
<u>IRA</u>		<u>ADAMSON</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>4-15-1875</u>		
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jim Adamson</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie Adamson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lettie Adamson</u> ADDRESS <u>104 McCoy Joplin 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-operative</u> DUE TO (c) <u>Adhesive obstruction small bowel</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u> <u>4 days</u> <u>11 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>adhesive obstruction jejunum</u>		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 April 1955 to 6-3, 1956 that I last saw the deceased alive on 6-3, 1956, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert G. Powell M.D.</u>		23b. ADDRESS <u>Galea Kansas</u>		23c. DATE SIGNED <u>5 June 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Merriam Thornhill-Dillon</u> ADDRESS <u>Joplin, Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-18-56</u>		REGISTRAR'S SIGNATURE <u>Dove</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed
JUN 20 1956
6-495

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..... *Cecil A. Thornehill*

Licensed Embalmer No. 3590

P. O. Address *Joplin, 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.