

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33822**
4440

FILED NOV 2 - 1956

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

1. PLACE OF DEATH a. COUNTY <u>Jackson Co Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Kansas</u> b. COUNTY <u>W. yandolte</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (If this place) <u>8 days</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>75 So Valley - K.C.K.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Valentine</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 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>4-3-42</u>	9. AGE (In years last birthday) <u>84 yrs</u>	IF UNDER 1 YEAR Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired R.I. RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Everest, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Augustus Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wenzel</u>	
14. NAME OF HUSBAND OR WIFE <u>Lowella Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Miriam Barrett</u>		ADDRESS <u>K.C. Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		DUPLICATE OF (a) <u>rupture of septum</u>			<u>8 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>coronary thrombosis</u>			<u>1 hour</u>	
		DUE TO (c) <u>Coronary atherosclerosis</u>			<u>8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy 11/201</u>			<u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1 October, 1948, to 12 October, 1956, that I last saw the deceased alive on 12 October, 1956, and that death occurred at 9:21 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Blaine Z. Hubbard</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>411 Nichols Rd. - KCMO</u>		23c. DATE SIGNED <u>12 Oct 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Porter & Sons</u>		ADDRESS <u>K.S. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-13-56</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>			

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.....
Howard L. Porter

Licensed Embalmer No. *379*

P. O. Address *19th & M
H. S. Kane*

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.