

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1956

State File No. 38934

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5900</u>		Registrar's No. <u>197</u>	
1. PLACE OF DEATH a. COUNTY <u>Peru</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence where b. STATE <u>MO</u> c. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Briggsville, Kas.</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Briggsville</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 _____				e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0780</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u>		b. (Middle) _____		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>25</u> (Year) <u>56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-7-1869</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>1</u> DAYS <u>13</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta Ga</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>hardware</u>		13a. FATHER'S NAME <u>Abner Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Robinson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Shelia Adams</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		15. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Shelia Adams Briggsville MO</u> 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Myocardial Infarction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death. 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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>Oct 12, 1955</u> , to <u>25 Nov, 1956</u> , that I last saw the deceased alive on <u>25 Nov, 1956</u> , and that death occurred at <u>8 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Peru Mo</u> (Degree or title) _____				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>11/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Road</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville MO</u>	
DATE REC'D BY LOCAL REG. <u>12-5-56</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Smith</u>		ADDRESS <u>Hayes - MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0789

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12-313-56

DEC 10 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

John Hill

Licensed Embalmer No. 2627

P. O. Address *Lithgow, 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.