

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7195

State File No.

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6089</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elmwood Twp.</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY OR TOWN <u>Elmwood Township</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile west of Elmwood</u>				e. STREET ADDRESS (If rural, give location) <u>1 mile west of Elmwood, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Elmer</u>		a. (First) <u>Emmett</u>		b. (Middle) <u>Adams</u>		c. (Last)	
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>April 2, 1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		9. AGE (In years last birthday) <u>68</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Mo.</u>	
13a. FATHER'S NAME <u>John A. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Mack</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Lomenick Adams</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-28-3786</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer Adams Blackburn, Mo. R#1</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic Heart Dis.</u> DUE TO (c) <u>L.L.F., Pneumonia</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>4 weeks</u> <u>6 yrs</u> <u>2 weeks 20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		21. HOW DID INJURY OCCUR?	
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>420.0</u>		22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>52</u> , to <u>Feb 16</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>57</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE <u>Harold E. Roebuck M.D.</u> (Degree or title) 23b. ADDRESS <u>Harbold, Mo.</u> 23c. DATE SIGNED <u>8/4/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-5-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adams Memorial Cemetery Johnson County, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>March 5, 1957</u>		REGISTRAR'S SIGNATURE <u>Mary Mosley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1957

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.....
James A. Lewis

Licensed Embalmer No. 4709

P. O. Address Marshall, T.

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.