

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7228

FILED FEB 26 1957

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLARENCE		c. CITY OR TOWN CLARENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CLARENCE		Length of stay in lb 50 YRS	
3. NAME OF DECEASED (Type or print) First CLEVELAND Middle H. Last ADAMS		4. DATE OF DEATH Month FEB Day 8 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 25 1889
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	
11. BIRTHPLACE (City and state or country) MO SHELBY COUNTY		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME CHARLES W. ADAMS		14. MOTHER'S MAIDEN NAME BETTY COLLINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 487-32-1216	
17. INFORMANT MRS CLEVELAND ADAMS		Address CLARENCE MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201			INTERVAL BETWEEN ONSET AND DEATH 5 minutes 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 5, 1956 to Feb. 8, 1957 and last saw him alive on Feb. 6, 1957 Death occurred at 2 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. B. L. Edgington D.O.		22b. ADDRESS Clarence, Mo.	
22c. DATE SIGNED 2-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-10-57	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	23d. LOCATION (City, town, or county) (State) CLARENCE MO
24. FUNERAL DIRECTOR Chas. V. Healey		25. DATE RECD. BY LOCAL REG. 2-11-57	
ADDRESS Clarence Mo		26. REGISTRAR'S SIGNATURE Uda Garrison	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Charles V. Green*

Licensed Embalmer No. *46*

P. O. Address *Ch...*

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.