

KC- 4071153
SI- 12636

FILED MAR 27 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2110
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY GREENE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CARROLLTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET. ADM. HOSPITAL			Length of stay in lb 38 DAYS		d. STREET ADDRESS 132 S. MAIN STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last HENRY H ADCOCK				4. DATE OF DEATH Month Day Year 3-2-57					
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 12-24-08		9. AGE (In years last birthday) 48+		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IA BORER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CARROLLTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME JOHN ADCOCK				14. MOTHER'S MAIDEN NAME PEARL BLOCK					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW2		16. SOCIAL SECURITY NO. 351-12-2163		17. INFORMANT Address MISSOURI. VA HOS P. RECORDS, 915 N. GRAND, ST LOUIS.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Laennec's cirrhosis, advanced Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH Unk.		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year 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. Attended the deceased from 1-23-57 to 3-2-57 and last saw him live on 3-2-57 Death occurred at 4:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Carl Smith M.D.</i> (Degree or title)				22b. ADDRESS VAH. ST. LOUIS, MISSOURI		22c. DATE SIGNED 3-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/3/57	23c. NAME OF CEMETERY OR CREMATORY Carrollton, Ill		23d. LOCATION (City, town, or county) (State) Carrollton, Illinois				
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. MAR 4 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>				

mjb

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 *Harry J. Schumacher*

Licensed Embalmer No. *767*

P. O. Address *56114*

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.