

Health, Welfare, Public Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28183

STATE FILE NUMBER
3710

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3710

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1		Length of stay in lb 58 YEARS	d. STREET ADDRESS 5517 Norton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lorenzo Middle Adams Last Adams			4. DATE OF DEATH Month August Day 6 Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY-15-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. since 1941-Plant Guard General Motors		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 58 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) KANSAS CITY Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME BENTON C. ADAMS		13b. MOTHER'S MAIDEN NAME CLAUDIA RICHARDSON	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 486-09-1841		17. INFORMANT Address Mrs. MARY L. RICHARDSON - LOUISIANA 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) Pulmonary fibrosis and emphysema DUE TO (b) anthracosis noncont. b. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 524K.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <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 July 25, 1957 to Aug. 6, 1957 and last saw him alive on Aug. 6, 1957 Death occurred at 6:00 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 24th & Cherry Sts.	
22c. DATE SIGNED 8/6/57		22d. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
22e. LOCATION (City, town, or county) KANSAS CITY		22f. STATE MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 8-1957	
23c. NAME OF FUNERAL DIRECTOR D. W. NEINCOMER'S SONS		23d. ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	
23e. DATE RECD. BY LOCAL REG. 8-8-57		23f. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embelmer's Statement on Reverse Side)

K.P.

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 *Basil V. Honey*

Licensed Embalmer No. *4724*
P. O. Address *N.C., 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.