

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41157**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4320** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Deer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fabius Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maywood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CRAWFORD</b> b. (Middle) <b>Charles</b> c. (Last) <b>ADAMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 11 - 1957</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>9-3-1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (State or foreign country) <b>Lewis Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Crawford Adams</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Adams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>←</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marian Brit. Ewing, Mo.</b>	ADDRESS <b>Ewing, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>1st hypertension</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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) <b>443X (COUNTY) (STATE)</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/23**, 19**57**, to **1/11**, 19**57**, that I last saw the deceased alive on **1/11**, 19**57**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Ellery</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Salvage MO</b>	23c. DATE SIGNED <b>11/19/57</b>
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24a. BURIAL, CREATION, REMOVAL (Specify)	24b. DATE <b>11-15-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Durham</b>	24d. LOCATION (City, town, or county) (State) <b>Durham MO.</b>
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DATE REC'D BY LOCAL REG. <b>11-12-57</b>	REGISTRAR'S SIGNATURE <b>W. E. Ellery</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ball</b>	ADDRESS <b>Ewing, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 15 1957

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

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FEB 18 1958

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.....

working under my personal supervision.

Student Embalmer No.....

Signed L. M. Crabill

Signed.....  
Student Embalmer

Licensed Embalmer No. 4905

P. O. Address Ewing 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 this body is not embalmed, fact should be so stated above.