

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009774

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

1266

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, Missouri		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 Menorah Medical Center		Length of stay in lb 17 days	d. STREET ADDRESS 4200 E. 68th Terrace		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Hartley H. Adams			4. DATE OF DEATH Month Day Year March 8th, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 10, 1906		9. AGE (In years, months, days, hours, min.) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tavern operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Johnson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME George W. Adams		13b. MOTHER'S MAIDEN NAME Anna Haller		14. NAME OF HUSBAND OR WIFE Mary K. Adams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. 2		16. SOCIAL SECURITY NO. unk. 508-10-7625	17. INFORMANT Mrs. H. H. Adams - Kansas City, Missouri Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Septicemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Gangrene lower extremities</u> DUE TO (c) <u>Thrombus Abdominal Aorta (Arteriosclerosis)</u> 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 45HX
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. I attended the deceased from <u>Mar 7, 1958</u> to <u>Mar 8, 1958</u> and last saw her alive on <u>Mar 8, 1958</u> Death occurred at <u>3:21 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Harold Passman M.D.			22b. ADDRESS 701 E 63 St.		22c. DATE SIGNED 3/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-9-58	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) (State) WARRENSBURG MO
24. FUNERAL DIRECTOR The BRAUNINGERS			ADDRESS WARRENSBURG MO	25. DATE RECD. BY LOCAL REG. 3-9-58	26. REGISTRAR'S SIGNATURE Irene Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Harold Passman

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 *Jimmy S. Hucks*

Licensed Embalmer No. *4092*

P. O. Address *Wilmington, 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.