

0043056
#Male
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1958

58-013110
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mexico TOWN Mexico		c. CITY OR TOWN Centralia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Length of stay in lb 10 days	
3. NAME OF DECEASED (Type or print) George Washington Adams		4. DATE OF DEATH Month April Day 27 Year 1958	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James W. Adams		14. MOTHER'S MAIDEN NAME Elizabeth Donaldson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. X	
17. INFORMANT Mrs. George Adams, Centralia, Mo.		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) Electrolyte imbalance		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) renal insufficiency and diarrhea of unknown etiology. DUE TO (c) 603X		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic heart disease. Pulmonary emphysema.		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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour 3:30 Month 4 Day 27 Year 1958		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 Centralia, Mo.	
21. I attended the deceased from 1/4/55 to 4/27/58 and last saw her alive on 4/27/58 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Louis A. Beaker, M.D.	
22b. ADDRESS Centralia, Mo.		22c. DATE SIGNED 4/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 29, '58	
23c. NAME OF CEMETERY OR CREMATORY Centralia		23d. LOCATION (City, town, or county) (State) Centralia, Mo.	
24. FUNERAL DIRECTOR Bill E. Meador Centralia, Missouri		25. DATE RECD. BY LOCAL REG. April 29-1958	
26. REGISTRAR'S SIGNATURE Blanche Neely			

(Licensed Embalmer's Statement on Reverse Side)

1958

MAY 5

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 _____

Licensed Embalmer No. 48

P. O. Address Centralia, Ill.

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.