

pt. Health,
, & Welfare
S. Public
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ev. 1-57

0830

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022858

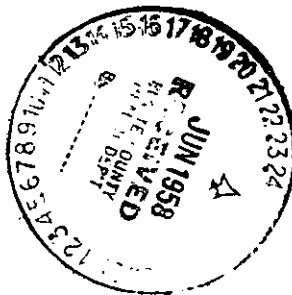
STATE FILE NUMBER

FILED JUN 27 1958		Registration District No. 280	Primary Registration District No. 6967	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston Twp		c. CITY OR TOWN Weston		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		0830 STREET ADDRESS Marshall Twn. (If outside, give location) Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Lena Middle P. Last Adams			4. DATE OF DEATH Month June Day 11 Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Mar. 31, 1891	9. AGE (In years at birthday) 67 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Scott Co. Ky.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Perkins		
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Shelby Adams		
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. V03-18-2161		17. INFORMANT Address Shelby Adams Weston, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) 331X 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 2 days
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 6-9-58 to 6-11-58 and last saw her alive on 6-11-58 Death occurred at 2:50 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE R. J. Kelly D.O. 2		22b. ADDRESS Weston, Mo		22c. DATE SIGNED 6-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-11-1958	23c. NAME OF CEMETERY OR CREMATORY Georgetown Cem.		23d. LOCATION (City, town, or county) (State) Georgetown, Ky.
24. FUNERAL DIRECTOR Vaughn Funeral Home Weston, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-58		26. REGISTRAR'S SIGNATURE Uphiea Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.