. Health,		THE DIVISION OF HEALTH OF MISSOURI						58-024599				
& Welfare	STANDARD CERTIFICATE OF DEATH STATE						TATE FILE NU	ILE NUMBER				
. Public h Service	,	FD AUG 4 1958 egistration District No. 42				mary Registration Distr	rict No. 10	ററ	Registrar's N	80	05	
S. 300 . 1–57			uchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence STATE Missouri b. COUNTY Buchanan					Residence I admission	before -	
.Λ	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Joseph Yes \(\oldsymbol{\text{N}} \) No \(\oldsymbol{\text{U}} \)					C. CITY OR ST	t. Joseph	A	117	Inside Li		
o_{I_I}		c. FULL NAME OF (te location) Leng	gth of stay in 1b ife				give location) Reside on Farm			
1	3	. NAME OF DECEASED	First	Mi	iddle	Last		ATE M	Nonth Da	y Yes		
		(Type or print)	Edgar		P.	Adair	I	OF.	ly 27,	1958	ìr	
	5	male ()	. COLOR OR RACE white	7. MARRIED NE	VER MARRIED DIVORCED	8. DATE OF BIRTH	1 7. 7	GE (In years last birthday)	IFUNDER TYEA	R IF UNDE	R 24 HRS. Min.	
ted.	10	III. USUAL OCCUPATION (10b. KIND OF BUSI		11. BIRTHPLACE (City	<u> </u>				<u> </u>	
Si le	I	during most of working li nstallation !	ife, even if ratired)	INDUSTRY S.W. Bell	Tel. Co.	St. Joseph		" U I	12. CITIZEN O	F WHAT CO	UNTRY?	
# 1 ×	13	o. FATHER'S NAME		135. МОТ	HER'S MAIDEN NA	ME _	14. NA	ME OF HUSBA	ND OR WIFE			
S III	Edgar B. Adair				Anna M. Lovell			Norma Elaine Adair				
를 BL	15 (Y	i. WAS DECEASED EVER II	57 16. SOCIA	L SECURITY NO.	17. INFORMANT		Addres					
	Yes, no, or unknown) (If yes, give, wor or dates of service) Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:									RVAL BET		
n 18. FE 1F	1	PARTI. DEA'	TH WAS CAÚSED BY: DIATE CAUSE (4	Coero	Rome	Loma	who			ET AND D		
								ar o	VTX.		<i>y</i>	
n na			R	upture	d			h	× 0	man.	4/40	
aarore in ite N TYPEWR!		Conditions, if an which gave rise above cause (a	DUE TO (b). (mire	d sm ce	rebaal.	verse	£	co	rger	ulal	
BBON TYPEWRI	NO	Conditions, if an which gave rise above cause (a stating the unde lying cause las	DUE TO (b) DUE TO (c)	Inuri	d smce	rebast.	verse	£ 330		rgen	ulal	
ora nomenciatore in Hemelated. General Communication of Premit	FICATION	Conditions, if an which gave rise above cause (a stating the unde lying cause las	DUE TO (b) DUE TO (c)	Inuri	IG TO DEATH but r	related to the terminal	verse	£ 330	1(a) 19.	WAS AUTO	DPSY	
relat K OR	ERTIFICATION	Conditions, if an which gave rise above cause (a stating the underlying cause las PART II. OTHER	DUE TO (b). DUE TO (c) BUILD TO (c) R SIGNIFICANT CONDIT	TONS CONTRIBUTION		not related to the terminal	disease condition	336 given in PART	I (a) 19.	WAS AUTO PERFORM YES N	DPSY	
relat K OR	AL CERTIFICATION	Conditions, if an which gave rise above cause (a stating the underlying cause las PART II. OTHER	DUE TO (b). DUE TO (c) R SIGNIFICANT CONDIT	TONS CONTRIBUTION			disease condition	336 given in PART	I (a) 19.	WAS AUTO PERFORM YES N	DPSY	
be causally relate BLACK INK OR	MEDICAL CERTIFICATION	Conditions, if an which gave rise above cause (a stating the underlying cause las PART II. OTHER	DUE TO (b). DUE TO (c) BUILD TO (c) R SIGNIFICANT CONDIT	TONS CONTRIBUTION			disease condition	336 given in PART	I (a) 19.	WAS AUTO PERFORM YES N	DPSY	
be causally relate BLACK INK OR	MEDICAL CERTIFICATION	Conditions, if an which gave rise above cause (a stering the underlying cause las PART II. OTHER 20a. ACCIDENT SUICE 20c. TIME OF Hour INJURY OCCURRI	DUE TO (b). DUE TO (c). R SIGNIFICANT CONDIT. CIDE HOMICIDE Month, Day, Year 7 27 58 ED 20e. PLA	TONS CONTRIBUTION	OW INJURY OCC	URRED. (Enter nature	disease condition of injury in PAR	330 given in PART I	I (a) 19.	WAS AUTO PERFORM YES N	NEO?	
Part I must be causally relative USE ONLY BLACK INK OR	MEDICAL CERTIFICATION	Conditions, if an which gave rise above cause (a stating the underlying cause las PART II. OTHER 20a. ACCIDENT SUIC	DUE TO (b). DUE TO (c) R SIGNIFICANT CONDIT CIDE HOMICIDE Month, Day, Year 7 -27.58 ED IILE 20e. PLAI fran, KK	TIONS CONTRIBUTION 20b. DESCRIBE H	in or about home fice bldg. etc.)	URRED. (Enter nature	disease condition of injury in PAR	330 given in PART I T I or PART I COI Mo ve on	II of item 18.) UNTY	PERFORM YES N	NEO?	
Part I must be causally relative USE ONLY BLACK INK OR	MEDICAL CERTIFICATION	Conditions, if an which gave rise above cause (a stating the under large part of the cause in th	DUE TO (b). DUE TO (c) R SIGNIFICANT CONDIT CIDE HOMICIDE Month, Day, Year 7 -27.58 ED IILE 20e. PLAI fran, KK	TIONS CONTRIBUTION 20b. DESCRIBE H CE OF INJURY (c.s.	in or about home fice bldg. etc.)	URRED. (Enter nature	disease condition of injury in PAR	330 given in PART I T I or PART I COI My knowledge,	I (a) 19. II of item 18.) UNTY Been L	PERFORM YES N	E Co	
diseases in Part I must be causally related USE ONLY BLACK INK OR	MEDICAL CERTIFICATION	Conditions, if an which gave rise above cause (a stating the underlying cause las PART II. OTHER 20a. ACCIDENT SUICE 20c. TIME OF Hour INJURY OCCURRING A.M. 20d. INJURY OCCURRING AT WORK 21. I attended the deceed	DUE TO (b). DUE TO (c) R SIGNIFICANT CONDIT CIDE HOMICIDE Month, Day, Year 7 - 27 - 58 ED	TIONS CONTRIBUTION 20b. DESCRIBE H CE OF INJURY (c.s.	in or about home fice bldg. etc.)	URRED. (Enter nature	disease condition of injury in PAR	330 given in PART I T I or PART I COI My knowledge,	I (a) 19. II of item 18.) UNTY Been L	STAT STAT STAT STAT STAT STAT	GNED _	
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All diseases in Part I must be causally related to the Course of the Cou	WEDICAL MEDICAL	Conditions, if an which gave rise above cause (a stering the under lying cause last PART II. OTHER 20a. ACCIDENT SUICE 20c. TIME OF Hour INJURY OCCURR HULE AT NOT WHEN AT WORK 21. I attended the deceed Death accurred at 220 SIGNATURE BURIAL, CREMATION, 2 REMOVAL (Specify)	DUE TO (b). DUE TO (c). R SIGNIFICANT CONDIT. CIDE HOMICIDE Month, Day, Year 7 - 27 - 58 ED IILE Sased from CIDE HOMICIDE And The Condition of the Co	CE OF INJURY (e.g. for ory, street of the Donne or title) 23c. NAME 0	in or about home fice bldg., etc.) de to 7- K. (Loom on the correct or correct Par	, 20f. CITY, TOWN, C	disease condition of injury in PAR. OR LOCATION chart saw her alid to the best of many and the condition of the condition o	330 given in PART I T I or PART I COI Ye on ny knowledge, City, tewn, or o eph. Itaar's Signa	UNTY Beech from the cause county)	STAT	GNED _	

STATÈMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is reco	rded on the reverse side of this certificate was embalmed
by me, or by	, Student Embalmer No
working under my personal supervision.	1
	M. A. A. T.

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.

Signature of Student Embalmer