

Health,
& Welfare
Public
Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028566

STATE FILE NUMBER

FILED SEP 3 1958

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 114

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY, MO. R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PLATTE TOWNSHIP 600 S. LIBERTY, MO. R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CLAY CO. HOME HOSP.		Length of stay in lb 6 mo.	d. STREET ADDRESS (If outside, give location) PLATTE TOWNSHIP		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HEDGE Middle BLAND Last ADAMS			4. DATE OF DEATH Month JULY Day 2 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 15, 1875	9. AGE (In years at birthday) 82 MONTHS 9 DAYS 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or county) CLAY COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME EUGENE B. ADAMS		13b. MOTHER'S MAIDEN NAME MATTIE LEE DRAKE		14. NAME OF HUSBAND OR WIFE MATTIE CLARDY ADAMS Deceased	
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. NONE	17. INFORMANT GARLAND ADAMS, LIBERTY, MO. R.F.D. 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) Anterior wall MI					INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 58 to July 2 and last saw him alive on July 2 Death occurred at Jan 2 7 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. J. Gadsden, MD (Degree or title)			22b. ADDRESS Liberty MO		22c. DATE SIGNED 7/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 3, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		23d. LOCATION (City, town, or county) PLATTE TOWNSHIP CLAY COUNTY MO.	
24. FUNERAL DIRECTOR McCOMAS FUNERAL HOME, SMITHVILLE MO. ADDRESS			25. DATE RECD. BY LOCAL REG. 8-23-58	26. REGISTRAR'S SIGNATURE Mabel Graham	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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



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 *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.