

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038614

STATE FILE NUMBER

FILED NOV 13 1958

Registration District No. 356

Primary Registration District No. 6207

Registrar's No. K3

300
1-57
1

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston, Lynchburg		c. CITY OR TOWN Houston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 mi North of Houston		d. STREET ADDRESS (If outside, give location) 107⁰ 9 MI NORTH OF HOUSTON	

3. NAME OF DECEASED (Type or print) First WALTER Middle M Last ADEY			4. DATE OF DEATH Month Nov. Day 1 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 15, 1884	9. AGE (In years, Months, Days) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Houston, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Adey		13b. MOTHER'S MAIDEN NAME Nancy George		14. NAME OF HUSBAND OR WIFE Mandy Elmore Adey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 487-241539	17. INFORMANT Address Mandy Adey Houston, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Generalized Carcinomatosis		
DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X		

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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
--	--	------------------------------	--	-------------------	--

21. I attended the deceased from **July 21, 1958** to **Nov. 1, 1958** and last saw him alive on **Nov. 1, 1958**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. J. [Signature]		22b. ADDRESS Houston MO		22c. DATE SIGNED	
--	--	-----------------------------------	--	------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 4, 1958		23c. NAME OF CEMETERY OR CREMATORY ABNURS CREEK CEMETERY		23d. LOCATION (City, town, or country) (State) TEXAS Co. Houston, MO.	
--	--	----------------------------------	--	--	--	---	--

24. FUNERAL DIRECTOR ADDRESS LYAL EVANS Houston, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 7-58		26. REGISTRAR'S SIGNATURE Muriel Craig	
--	--	--	--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Emill C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *Mtn. Grove*

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.