

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044657

STATE FILE NUMBER 231

FILED JAN 5 1958

Registration District No. 157

Primary Registration District No. 5586

Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Township		c. CITY OR TOWN Kansas City, Kansas	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Alt. 71-3 mi. S. Carthage		d. STREET ADDRESS (If outside, give location) 2825 S. 24th St.	
3. NAME OF DECEASED (Type or print) First JAMES Middle LENORD Last ADAMS		4. DATE OF DEATH Month December Day 3, 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 August 17, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Sta. Operator		10b. KIND OF BUSINESS OR INDUSTRY Gas	9. AGE (In years last birthday) 32
11. BIRTHPLACE (City and state or country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lloyd J. Adams, Sr.		13b. MOTHER'S MAIDEN NAME Irene Bragg	
14. NAME OF HUSBAND OR WIFE Katherine McMillian Adams		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) Yes W. W. #2	
16. SOCIAL SECURITY NO. 499-22-3670		17. INFORMANT Lloyd J. Adams, Sr. Address Neosho, 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) Skull fracture + fracture cervical vertebrae Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) Automobile accident - DOA	
20c. TIME OF INJURY Hour 8 PM Month, Day, Year 12 3 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) US Highway Alt. 71 - 3 m. south Carthage, Missouri	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Neosho, Missouri	
21. I attended the deceased from death occurred at did not attend and last saw her alive on			
22a. SIGNATURE (Degree or title) Thos W. W. M.D.			
22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 12-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-58	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Neosho, Missouri
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-58	26. REGISTRAR'S SIGNATURE E. W. Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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FEB 24 1959

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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

Edwin L. [Signature]

Licensed Embalmer No. 1855

P. O. Address *Laurel*

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.