

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045112

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

374

Primary Registration District No.

3052

Registrar's No.

476

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u> <u>08040</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>404 East 6th St</u>		d. STREET ADDRESS (If outside, give location) <u>404 East 6th St</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK AUGUST ADAMS</u>		4. DATE OF DEATH Month Day Year <u>Dec 14 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH <u>Sept 29 1882</u>
9. AGE (In years last birthday) <u>76</u>		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ma. Pac. Shops</u>	
11. BIRTHPLACE (City and state or country) <u>Globe Arizona</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Victor Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bages</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret E. Adams</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy</u>	
16. SOCIAL SECURITY NO. <u>702-16-3199</u>		17. INFORMANT <u>Miss Mayme McQuinn</u> Address <u>Sedalia</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis & seizures</u> DUE TO (b) <u>and Generalized Arteriosclerosis</u> DUE TO (c) <u>10 years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT SUICIDE HOMICIDE ☒ ☐ ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>	
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.) <u>---</u>		20f. CITY, TOWN, OR LOCATION <u>Sedalia</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>1954</u> to <u>14 Dec 58</u> and last saw him alive on <u>14 Dec 1958</u> Death occurred at <u>7 PM 14 Dec 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W R Edwards</u> (Degree or title) <u>Dr D O</u>		22b. ADDRESS <u>Sedalia Mo</u>	
22c. DATE SIGNED <u>12-15-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-17-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
23d. LOCATION (City, town, or county) <u>Sedalia</u>		23e. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 16 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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DEC 29 1958

JAN 26 1959

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 K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.