

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-008382
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 032 Primary Registration District No. Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		c. CITY OR TOWN Lutesville 0090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Lonzo Adamson		4. DATE OF DEATH Month Day Year March 28, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 2/24/1876
9. AGE (In years) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (City and state or country) Casey, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME James Adamson		13b. MOTHER'S MAIDEN NAME Julianne Johnson	
14. NAME OF HUSBAND OR WIFE Ella (Welch) Adamson		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 Ella Adamson. Lutesville 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) <u>uremia</u> DUE TO (b) <u>arteriosclerotic nephrosclerosis</u> DUE TO (c) <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic asthma associated with left ventricular failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>Chronic</u> 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2	
20a. ACCIDENT SUICIDE HOMICIDE ☒ none		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, item 18.)	
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>3-6-59</u> to <u>3-27-59</u> and last saw him alive on <u>3-27-59</u> Death occurred at <u>3:40</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>William J. Freitas, D.O.</u>	
22b. ADDRESS <u>Lutesville Mo.</u>		22c. DATE SIGNED <u>4-1-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/30/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Leslie Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Marble Hill, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gene Ward Lutesville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/8/59</u>	
26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Kenneth Liley, Student Embalmer No. 579 working under my personal supervision.

Student Kenneth Liley
Signature of Student Embalmer

Signed K. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson 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.