

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017828

8
FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER 2188
Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Length of stay in lb 16 yrs		d. STREET ADDRESS (If outside, give location) 1026 Lydia,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Ercel McAdams				4. DATE OF DEATH Month Day Year 5th 19th 1959				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-8-89-1899		9. AGE (In years last birthday) 59 yrs	10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY Custodial		11. BIRTHPLACE (City and state or country) Salisbury, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John McAdams			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Jessie E. McAdams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give year or dates of service) Yes 10-25-42 to 3-5-43			16. SOCIAL SECURITY NO. —		17. INFORMANT Address VA Hospital Records, K. C., 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) Inanition							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized carcinomatosis								
DUE TO (c) _____								
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 checked="" type="checkbox"/> NO <input 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. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. Attended the deceased from May 11, 1959 to May 19, 1959 Death occurred at 5:20a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE ANDREW J. RAMBO, PH.D.				22b. ADDRESS MD VA Hospital, K.C., Mo		22c. DATE SIGNED 5-19-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-22-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kansas			
24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary, K. C. Mo.			25. DATE RECD. BY LOCAL REG. 5-19-59		26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service, 00, 57, 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 *Millard B. Paskin*

Licensed Embalmer No. *5013*

P. O. Address *K.C. 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.