

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022381

STATE FILE NUMBER

FILED JUL 14 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 221

S. 300
v. 1-57

800

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1		Length of stay in lb 16 years	d. STREET ADDRESS (If outside, give location) 2002 West Main
3. NAME OF DECEASED (Type or print) First Middle Last HURON SIMPSON ADAMS			4. DATE OF DEATH Month Day Year July 8, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 26, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture	11. BIRTHPLACE (City and state or country) Bethany, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Franklin Adams	13b. MOTHER'S MAIDEN NAME Serena Wheeler
14. NAME OF HUSBAND OR WIFE Anna Shrivner Adams		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. 500-10-5878		17. INFORMANT Mrs. Earl Jennings, Windsor, 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>Extensive carcinoma large bowel with metastases to liver.</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis-generalized-severe. 1538</u>			INTERVAL BETWEEN ONSET AND DEATH 1 year?
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from <u>Jan. 7, 1959</u> to <u>May 13, 1959</u> and last saw ^{her} _{him} alive on <u>May 13, 1959</u> Death occurred at <u>5:55 p.m.</u> on the <u>date</u> stated above; and to the best of my knowledge, from the <u>causes</u> stated.			
22a. SIGNATURE (Doctor or Physician) <u>Albert J. Campbell, M.D.</u>		22b. ADDRESS <u>312 1/2 So. Ohio Sedalia</u>	
22c. DATE SIGNED <u>July 10, 1959</u>		22d. DATE OF DEATH <u>July 8, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/11/59	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Sedalia, Mo.	
24. FUNERAL DIRECTOR <u>Ewing</u>		25. DATE RECD. BY LOCAL REG. 7-11-1959	
26. REGISTERAR'S SIGNATURE <u>Frances Shelby</u>		27. REGISTERAR'S NAME <u>Frances Shelby</u>	

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OCT 6 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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Seelalia, 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.