

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016448

FILED VS. MAY 6 1960 294

Primary Registration District No. 3056

Registrar's No. 112

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 38 Years		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 953 West Rollins		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY EDWARD ADAMSON				4. DATE OF DEATH Month Day Year April 21, 1960			
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 12/5/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roundhouse Foreman-Retired		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad Co.		11. BIRTHPLACE (City and state or country) Odessa Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank Adamson		13b. MOTHER'S MAIDEN NAME Millie DeHaven		14. NAME OF HUSBAND OR WIFE Edna Adamson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War # 1		16. SOCIAL SECURITY NO. 702-05-3509		17. INFORMANT Address Mrs. Edna Adamson Moberly, 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) Carcinoma of lung, left						INTERVAL BETWEEN ONSET AND DEATH Months (Nov.1958)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. I attended the deceased from April 2, 1960 to April 21, 1960 and last saw him alive on April 21, 1960 Death occurred at 7:05 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L. K. McMurtry M.D., Surgeon in Charge</i>				22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri		22c. DATE SIGNED 4/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr., 24, 1960		23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens		23d. LOCATION (City, town, or county) (State) Moberly Missouri.	
24. FUNERAL DIRECTOR Cater Funeral Home, Moberly, Mo.				25. DATE RECD. BY LOCAL REG. 4-24-60		26. REGISTRAR'S SIGNATURE <i>C. Shedd</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 24 1960

MAY 13 1960

STATEMENT BY LICENSED EMBALMER

MAY 6 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 411

P. O. Address *Moherly*

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.