

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-021151

STATE FILE NUMBER

FILED JUN 28 1961 Primary Registration District No. 1002 Registrar's No. 2863

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 30 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1317 Admiral Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Frederick Taylor Adams
 4. DATE OF DEATH Month 6 Day 5 Year 61

5. SEX male
 6. COLOR OR RACE white
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-24-97
 9. AGE (last birthday) 64
 IF UNDER 1 YEAR Months Days Hours Min.
 IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk
 10b. KIND OF BUSINESS OR INDUSTRY Hotels
 11. BIRTHPLACE (City and state or country) Schuylerville, Mo
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rubin Adams
 13b. MOTHER'S MAIDEN NAME Anna Morrison
 NAME OF HUSBAND OR WIFE Bessie Marie 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. "unknown" INFORMANT Mrs. Bessie M. Adams Address 1217 Admiral 2 E., 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) Pneumonitis
 DUE TO (b) _____
 DUE TO (c) _____
 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) Dehydration, Malnutrition, Pneumonia, Arthritis
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.)

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK 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 6-4-61 to 6-5-61 and last saw him alive on 6-5-61
 Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature]
 22b. ADDRESS 2400 Cherry - City
 22c. DATE SIGNED 6/6/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial
 23b. DATE 6-10-61
 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Address Hebert Funeral Homes 2 E., Mo.
 25. DATE RECD. BY LOCAL REC. 6-9-61
 26. REGISTRAR'S SIGNATURE Ruth Long

