

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33675

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Calhoun</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>	
c. LENGTH OF STAY (In this place) <b>3</b>		d. STREET ADDRESS (If rural, give location) <b>EAST OHIO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>ELMER</b> b. (Middle) <b>DEKORNE</b> c. (Last) <b>ADAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT 26 1925</b>		9. AGE (In years last birthday) <b>24</b>		10. IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>		11. BIRTHPLACE (State or foreign country) <b>IMPERIAL</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>GEO ADAMS</b>		13b. MOTHER'S MAIDEN NAME <b>OLIVE SHOPP</b>		14. NAME OF HUSBAND OR WIFE <b>MAXINE ADAMS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>500-20-9997</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs MARION STEWARD</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SKULL FRACTURE</b> <b>CERVICAL VERTEBRA FRACTURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>8234</b> <b>32</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>GLITCHED BRAKES</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Calhoun Henry MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 29 1949 1A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident - R. 2200 S.</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B Walker, MD</b> (Degree or title)		23b. ADDRESS <b>Clinton, MO</b>		23c. DATE SIGNED <b>23 Oct 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/23/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	
24d. LOCATION (City, town, or county) (State) <b>Clinton MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.E. Crossen Clinton MO</b>			
DATE REC'D BY LOCAL REG. <b>Oct 23 49</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		422	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1285

Date Filed 10-31-49

NOV 7 1949

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 .....  
Student Embalmer

Signed J. E. Consolet.....

Licensed Embalmer No. 1891.....

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.