

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40460
Registrar's No. 408

48

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4237		Registrar's No. 408		
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, write RURAL and give township) OR TOWN Raytown		c. LENGTH OF STAY (in this place) OR TOWN 14 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown				
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Arthur		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1948		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 10, 1875		
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 4		IF UNDER 12 HRS. Days 12		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Washington county, Ky. / 99		12. CITIZEN OF WHAT COUNTRY? American	
13a. FATHER'S NAME Thomas E. Adams			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Malisa Adams (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. 492 18 9095		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John L. Adams, Independence, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death. 940		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 hr 5 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2				
22. I hereby certify that I attended the deceased from Oct 2, 1948, to Dec 22, 1948, that I last saw the deceased alive on Dec 22, 1948 and that death occurred at m., from the causes and on the date stated above.								
23a. SIGNATURE M. Agee (Degree or title)				23b. ADDRESS Independence		23c. DATE SIGNED 12/24/48		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 24, 1948		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) Independence, Mo. (State)		
DATE REC'D BY LOCAL REG. 12/23/48		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. B. Carson Independence, Mo.				

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

JAN 13 1948

Reference

myself

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 Ronald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

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.