

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1949

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>	
c. LENGTH OF STAY (In this place) <u>17 da.</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 20, 1864</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Benjamin F. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Mary S.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LaVerne Post - King City, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-10</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Senility</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of Left Hip</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>King City Gentry Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 12 1949 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Fell at home</u>	
22. I hereby certify that I attended the deceased from <u>Jan 12, 1949</u> to <u>Jan 28, 1949</u> , that I last saw the deceased alive on <u>Jan 27, 1949</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stump Henry D.O.</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>1-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ogle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Union Star, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 4, 1949</u>	REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamer General Home</u>	ADDRESS <u>St. Joseph, Mo.</u>

(Licensed Embalmers' Statement on Reverse Side)

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

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.

Signed.....

Charles M. Harman

Signed.....

Student Embalmer

Licensed Embalmer No.

4487

P. O. Address.....

St Joseph

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.